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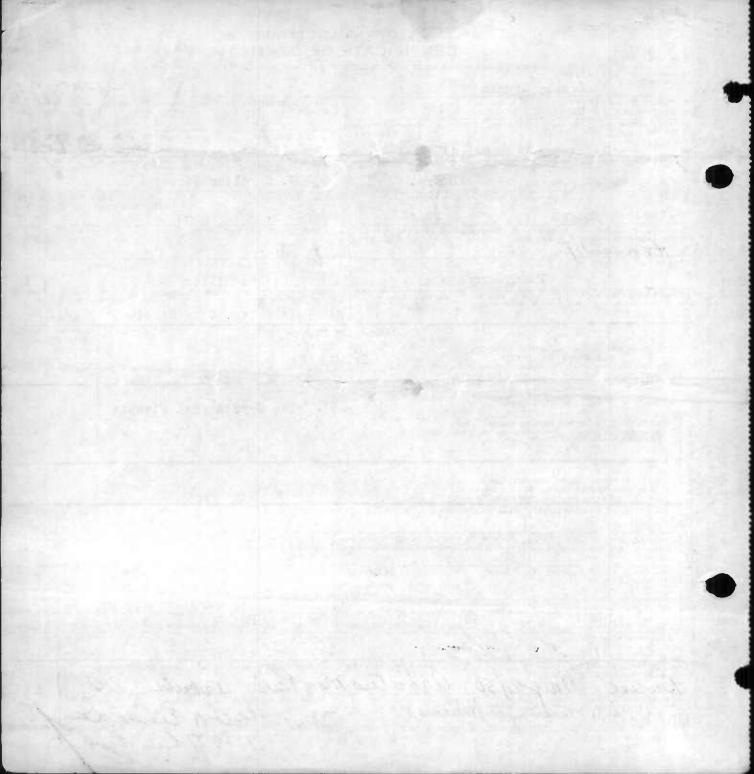
BALTIMORE CITY HEALTH DEPARTMENT

50 4001

1G	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D	ECEASED				2. DATE	
		Zenoba Lo	owman				4-28-50
	Baltimore (City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. B. COUNTY	If institution : residence before admission)
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or			
11	OSPITAL OR			location)	C. CITT OR TOWN		nits, write RURAL and give
3		Baltimore C:	ity Hosp		Baltimo		Wilship)
		tay in Baltimore		26 Yrs. Mos. Days	904 N. Caroli)
5	Female	6.COLOR OR RACE		e, married, ved, divorced (Specify) Married	8. Date of Birth March 5, 1905	9. AGE (In years last birthday)	Months Days Hours Min.
1 C	dooe during most	CUPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or S. C.	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN	NAME	
		Fran	ak Brown		Lizzie M	iller	
15	. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS 4940
(Ye	e, oo or uokoowo)	(If yes, give war or dat	es of service)	SECURITY NO.	Records* Balto.	City Hospits	
	18. ////	2 X 1		CALISE	OF DEATH	1100 11000	INTERVAL BETWEEN
NO	DISEAS (This does heart failu injury or	SE OR CONDITION LEADING TO DEA 3 not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS,	of dying, e. 1 ans the diseas caused death	(A)	emia pertensi ve Cardi	orenal Disea	ONSET AND DEATH
RTIFICATION	RISE TO T UNDERLY	HE ABOVE CAUSE (A) YING CONDITION L II GIGNIFICANT COND	STATING TH	(C)			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				FINDINGS OF OPER	RATION		20. AUTOPSY7
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	o or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	, give exact location)
2	21D. TIME (OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereb	y certify that I at	tended the			4-28 , 19.	5,0that I last saw the the date stated above.
	23A. SIGNA		do.		38. ADDRESS 4940 Eastern A		23c. DATE SIGNED 4-28-50
2.4 TI	DURIAL, ON REMOVAL (S	n ///// 1 3	2/50	arbutus	Men Park 1		(State)
	ATE RECEIVE	D BY REGISTRAR	ton Mi	liance, M. R	25. FUNERAL DIRECTOR	Ja Ellion	ADDRESS Ty Daughter

VS 150

3/29 M. Cauting St



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	fully	Y.
BINDING	PLEASE WRITE PL/ XY, WITH UNFADING INK. Every item of information should be	correct age is especial, mportant. Physicians: please write the causes of death clearly and learly
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BALTIMORE	CITY	HEA	LTH	DEPARTMENT	
CERTI	FICA	TE	OF	DEATH	

	50	4002
Registered	No.	

-	116	656	E(1000
ag 5	Ві	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	T Registered No.	
	1. (T	Type or Print) MAGGIE TURNER	2. DATE OF DEATH 4-2	67-50
fully supplied y.		B. PLACE OF DEATH: A. Baltimore City, Maryland /6/31. Signature 4. USUAL RESIDENCE A. STATE	(Where deceased lived, If ins	titution: residence before admission)
ns /	B. H	B. FULL NAME OF (If not in hospital or institution, give street address or location)	PER 2. DATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 7. A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 7. A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 7. A. STATE 6. DATE OF TOWN If outside corporate limits, write Rullal, and give township) 7. Mos. 7. D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH(\$ 7 0 9 AGE (In year) Howelf Heart Min. 8. DATE OF BIRTH(\$ 7 0 9 AGE (In year) Howelf Heart Min. 8. DATE OF BIRTH(\$ 7 0 9 AGE (In year) Howelf Heart Min. 8. DATE OF BIRTH(\$ 7 0 9 AGE (In year) Howelf Heart Min. 8. DATE OF BIRTH(\$ 7 0 9 AGE (In year) Howelf Heart Min. 8. DATE OF BIRTH(\$ 1 0 9 AGE (In year) Howelf Heart Min. 9. ACT (In year) Howelf Heart Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. MOTHER MAIDEN NAME 14. MOTHER MAIDEN NAME 15. LAND BETWEEN 16. OF OPERATION 17. INFORMANT 18. ADDRESS 18. ADDRESS 19. ADDRESS 19. ADDRESS 19. ADDRESS 19. ADDRESS 20. AUTOPSY? 19. ALL I last saw the cathed above. 23. ADDRESS 23. ADDRESS 19. ADDRESS 19. ADDRESS 19. ADDRESS 19. ADDRESS 23. ADDRESS 19. ADDRESS 1	
fulls	IN	NSTITUTION	core ?	
	-	E. Length of stay in Baltimore Sele Mos. Days /6/371.	If rural, give location)	8/4
should be		S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) June 8, 1879	9. AGE (In years H Und	er I Year II Under 24 Hours S Days Hours Min.
n sho	worls	OA. USUAL OCCUPATION (Give kind of large done during most of working life, even if retired) NOTE: The state of large during most of working life, even if retired) NOTE: The state of large during most of working life, even if retired)	foreign country) 12	
NDING information should so of death clearly s	13	Lenguer 14. MOTHER'S MAIDEN CENTERON	NAME	
BINDING of inform uses of dea	15 (Yes	(cs, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. William Rie	1613n. le	RESS Quer St.
		18. 447 X , CAUSE OF DEATH		INTERVAL BETWEEN
FO y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	reval	4-yes.
SRV E WI		ANTECEDENT CAUSES		
IN RESERVED NG INK. Ever is: please write	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN NFADINO hysicians:	FI	(c)		
MARGIN UNFADING Physicians:	CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED		
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Y, WITH	EDI	218. PLACE OF INJURY (e. g., to or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give	
0	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OF INJURY OCCURRED 21f. HOW DID INJU	RY OCCUR?	
TE PL/ especial		22. I hereby certify that I attended the deceased from 4 7 4 1950 to	1-057 ,1950,	hat I last saw the
ITTE		deceased alive on 7 .m., from	the causes and on the	date stated above.
WRITE ge is esp			for !	
ASE ct ag	7/2	246. BURIAL. CREMA- 246. PATE 24C. NAMB OF CEMETERY OF CREMATORY 24D.	LOCATION (City, town, or	county) (State)
PLEASE WI	D. L.	DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAN MAY LIGHT HILLIAM LIGHT	1302 P	DDRESS
		VS 150		Or
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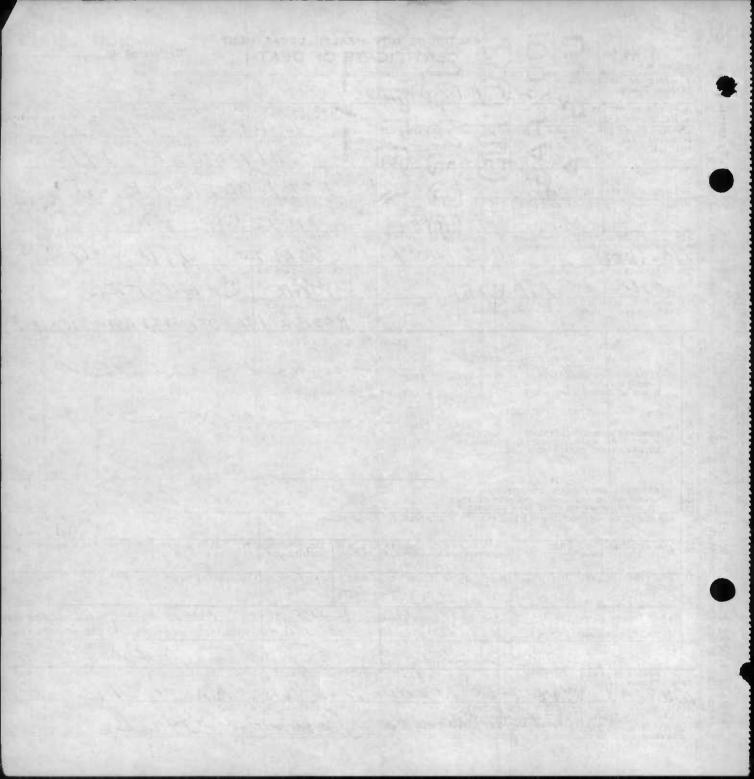
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information should be s of death clearly and le	C. L.(5. SE 10A. work do 13. F	VA Z
ASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be fully supplied, ect age is especially important. Physicians: please write the causes of death clearly and legal.		8.
ASSE WRITE PL. LY, WITH ect age is especial, important.	ő	1A 10 F
ASE ect ag	24A. TJON.	R

4003 50 Registered No.

	KIH NO.		
1. (T:	NAME OF DECEASED JOHN M. MANDE	2. DATE OF DEATH 5-/	-50
A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If insti	tution : residence before adm ssion),
В.	FULL NAME OF (If not in hospital or institution, give street address or	DALTO MAD	1000
	STITUTION ST PAUL CONVALESCENT Home	C. CITY OR TOWN (If outside corporate limits, wi	
1	1 2305 ST PAUL ST	13BLTINORE	4D township)
	5/ Yrs.	D. STREET ADDRESS (If rural, give location)	
C	Length of stay in Baltimore Mos. Days	1121 NANTICOKE &	PT
	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		1 Year If Under 24 Hours
	MIDOWED, DIVORCED (Specify)	last birthday) Months	Days Hours Min.
	MARRIED	APRIL-13/879 31	
work	A. USUAL OCCUPATION (Givokindof 10B. KIND OF BUSINESS OR denoduring most of working life, oven if retired)	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COMNTRY?
1	TOULDER. US NAVY	JALTO MI)	WIAI CODIVINI
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOHIV IN MUNDEL	MUDY CALLUTT	
15	I INTIVUEL	19/11/19 2017/12	
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
		KOSEL JANDEL-1121 NAT	DTICOKE ST
	18. A 2 V CAUSE (OF DEATH	INTERVAL BETWEEN
	1137	OI DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	uml. illia +	2
	(This does not mean the mode of dying, e.g., (A)	ar arenomalose	on a mor
	heart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.)		
			7
-	ANTECEDENT CAUSES	a- min Mario	1-4
61	DISEASES OR CONDITIONS, IF ANY, GIVING	- cuo ma	A
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		0
Y	UNDERLYING CONDITION LAST.		
Ĕ	(C)		
FI			
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
J	19A. DATE OF OPERATION D 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
X			YES NO
DIC	21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e. g., in about homo, farm, factory, street, office bidg., e	n or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
Ш	about nome, talm, tacory, screet, omce bidg., e	INSURT OCCURT	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK L		
	22. I hereby certify that I attended the deceased from	Jan 5, 1950, to May, , 1958, th	hat I last sam the
		red at 6:15 Am., from the causes and on the d	
-			3c. DATE SIGNED
	P.O T BI		5-1-50
	(1 over W. Sunney M.D.)	, - , - , - , - , - , - , - , - , - , -	
24 TK	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or c	county) (State)
1	WRIAL MAY-4-50 LOUDONS	ARK CEM BALTO 14	11)
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR AL	DRESS
LC	CAL REGISTRAR'S SIGNATURE	Barrend Dulle 1.	
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50	4004
Registered No.	4004

BIRTH NO.			CLRIIFI	CAI	E OF DEATH		
1. NAME OF (Type or Print)						2. DATE OF	
	Brio	lget	Eileen E	Flynn		DEATH APP1	
3. PLACE OF A. Baltimore	City, Maryland				4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME	OF (If not in hospit	al or institut					
INSTITUTION	3900 Park He	i cht c		ocation)		f outside corporate limit	s, write RURAL and give township)
A-0	J900 Tark III	rgues .	ave.,		Baltimore,	1.9	
		7.1		Yrs. Mos.	D. STREET ADDRESS (If		
c. Length of	stay in Baltimore	11:		Days	3900 Park He		
		WIDOW	MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	t Under 1 Year II Under 24 Hours onths Days IIours Min.
female	white		arried		Jan.3,1883	67	
work done during mos	CCUPATION (Give kind of t of working life, even if retired)			OR		oreign country)	12. CITIZEN OF WHAT COUNTRY
Hous	ewife	at	home		Baltimore, Md.		U.S.A.
13. FATHER'S					14. MOTHER'S MAIDEN N		
	Michae:				Nora McDone	ough,	
(Yes, no or unknown	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT		DDRESS
no			n one		John T. Flynn, 39	900 Park Heig	hts Ave.,
18. 2	60 X .		CA	USE	OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION		(2)				ONSE! MIS BEAT!
(This do	(This does not mean the mode of dying, e.g.,						
heart fai	lure, asthenia, etc. It mes r complication which	ns the diseas aused death	se,				
(1)							
I // MAITCHART, NVDA						ion	
O DISEAS	ES OR CONDITIONS, I	F ANY, GIVII	NG HE DUE TO				
UNDER	LYING CONDITION LA	ST.	(1)				
				Cer	ebral Thrombosis		1 month
DISEAS RISE TO UNDERI	SIGNIFICANT COND	ITIONS CO	M .				
	NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED	Gas	tric ulcer ?		
			FINDINGS OF				20. AUTOPSY?
A		Train.	0.075		4 (2006) [543] [544]		YES NO X
21A. ACCIE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY		n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
Z	(0,000,00)						
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
Or mook?		m.	WHILE AT NO	OT WHILE			
22. I horo	hu certifu that I att				10, , 1950, toAp	r. 27. 19.5	O that I last sam the
deceased	aline on Apr. 27.	19 50	and that deat	h oceur	rred at 8:00P.m., from t	the eauses and on t	he date stated above
23A. SIGN	ATURE .			2	38. ADDRESS		23c. DATE SIGNED
Cha	who of. We	llear	N N	4. D.	Pikesville,	8 Md.	4/27/50
24A. BURIAL. TION, REMOVAL	CREMA- 24B. DATE				RY OR CREMATORY 24D. L	OCATION (City, town,	
burial	5/1/50		Cathe	draI		Baltimore, Md	
DATE RECEIV	ED BY REGISTRAR	S SIGNATU		= 17	25 FUNERAL DIRECTOR		ADDRESS
1801/1 1	eso thinks	- W.II.	4.114 At 100		Semmo Lemmon	4611 Park H	eights Ave-
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BALTIMORE CITY HEALTH DEPARTMENT

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12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSYT

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(State)

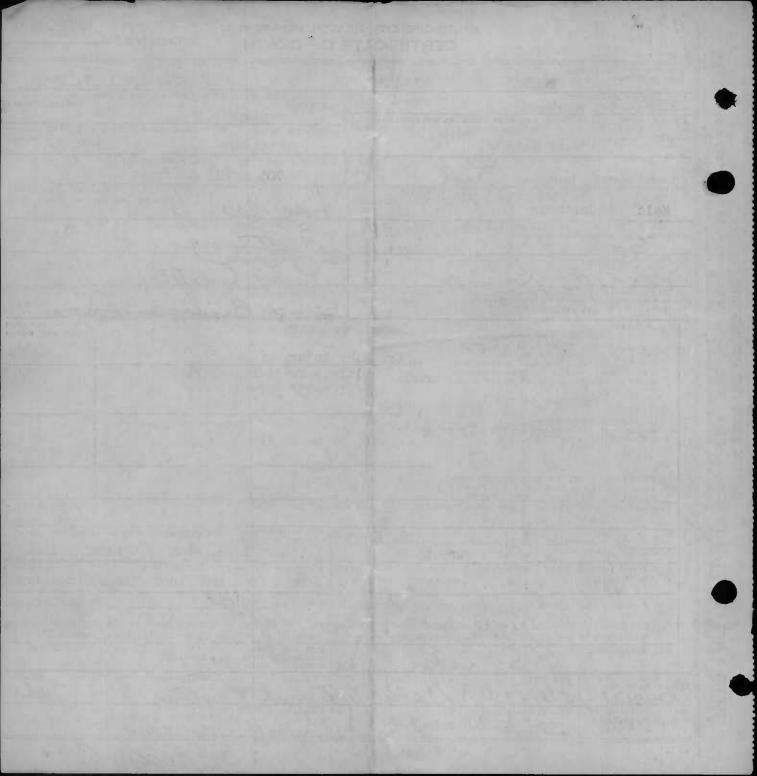
23c. DATE SIGNED

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before admission)

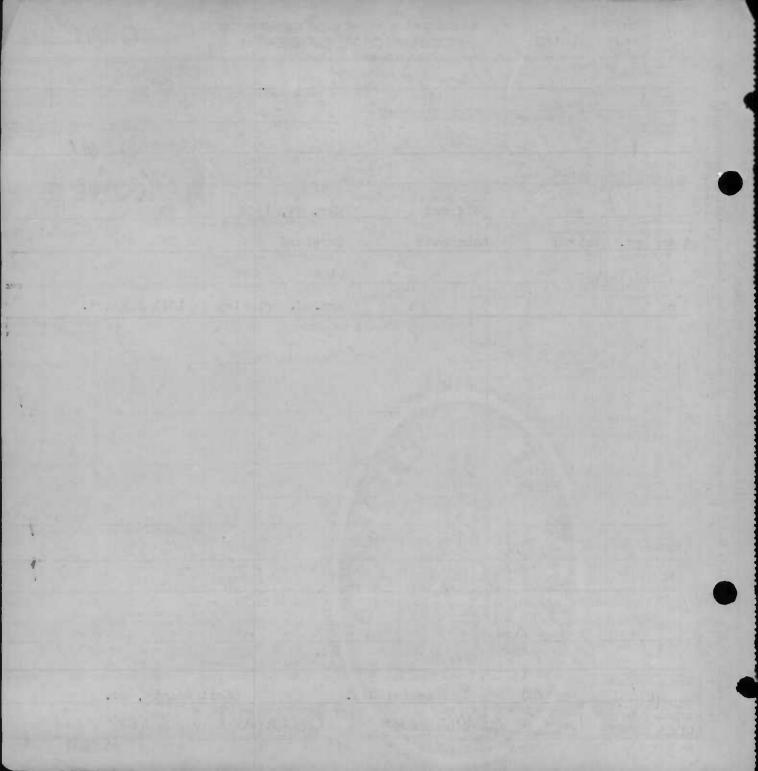
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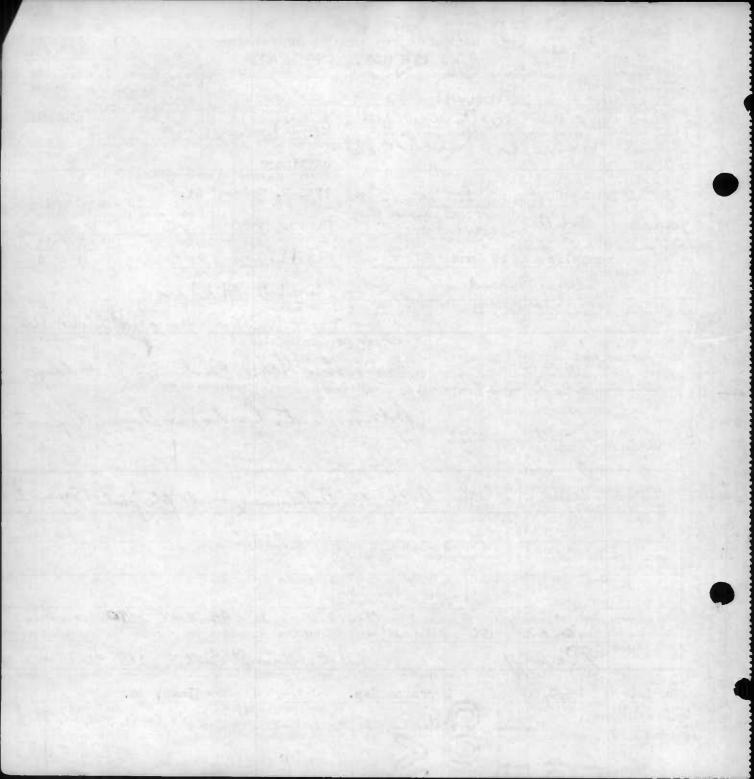


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	- AGGC		ALTH DEPARTMENT	50 Registered No.	4006
1 (NAME OF DECEASED Type or Print) Har	-4 P. T; t	ter	2. DATE OF DEATH 4/29	15-0
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Front in hospital or institution,		4. USUAL RESIDENCE (WHA. STATE	ere deceased lived. If inst	itution : residence before admission
	St. Agnes Hs	location) Vrs. Mos.	(Ja//)	utside corporate limits, w.	rite RURAL and giv
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE. M WIDOWED Widow Widow	DIVORCED (Specify)		9. AGE (In years last birthday) Months	l Year H Under 24 Hours Min
St	OA. USUAL OCCUPATION (Give kind of the control of t	ats	Mar. 24, 1864 11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME ISAAC Titter		14 MOTHER'S MAIDEN NAT	ME	
1 (Y		5. SOCIAL SECURITY NO.	17. INFORMANT Ars. C. Brinkley	1010 Joh Av	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Ar	Leaveler Lie	C. U dura	INTERVAL SETWEE ONSET AND DEAT
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)			
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	,			
C	TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FILE	NDINGS OF OPERA	TION		20. AUTOPSY?
EDICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, furm, CAUSE OF DEATH.	OF INJURY (e.g., in of factory, street, office bldg., etc.	21c. WHERE DID (If	in Baltimore City, give	YES NO exact location)
×	210. TIME (Month) (Day) (Year) (Hour) 21E. WHILE m. Wo		21F, HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of the ren the evidence obtained by said Autopsy and death in my opinion resulted from	Inspection or In	Autops, Inguiru, find that said dec	spection or Inquiry eased died on the d	nereon and from ay stated above termined .
	23A. SIGNATURE J. Jubinis	R	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATOR	AMINER 23c. D	ATE SIGNED
	4A. BURIAL, CREMA- 24B. DATE 24C.	NAME OF CEMETERY	Y OR CREMATORY 24D. LOC	CATION (City, town, or co	ounty) (State)
	Removal 5/2/50 ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR VI - 1950		Cocil	County, Md.	DRESS
VS VS	151 Thurting for / 1/11	C C C C C C C C C C C C C C C C C C C	1	927 130	also mid



5-36-1	
	HEALTH DEPARTMENT 50 4007
BIRTH NO. 50 4007 CERTIFICA	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Jag E. Stouart	2. DATE OF OP1,29, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland. Baltimore, M.	4. USUAL RESIDENCE (Where deceased lived, It institution: residence B. CQUNTY before admiss
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION Home	ss or c. CITY OR TOWN (If outside corporate limits, write RURAL and
70 7000 0000	Baltimore
Towards of store in Bolting O'. M	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	ays 1745 E. Federal St. 8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under 24.1
Jemale white widowed is	Man, 10, 1870 last birthday) Months Days Hours M
10A. USUAL OCCUPATION (Give kind of ork dooe during most of working life, even if retired)	TRY O ALL I
Housewife at Home	14 MOTHER'S MAIDEN NAME
James Braid	Elizabeth Sliddons
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yos, no or unknown) (If yos, give war or dates of service) SECURITY N	17 INFORMANT
no	m. 7. Overs, Home of Incurable
18. 472, 1 1 CAUS	SE OF DEATH INTERVAL BETWONSET AND OE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	entides + Fil 41
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	gestive Heart Farture 4 days
ANTECEDENT CAUSES	
(B) the	rionlantie Cardio Vaca. Disease 10 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	tis Delomous, multitle wints 15 years:
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	PERATION 20. AUTOPSY
Late Black of INIURY (YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office to	g, in or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	
m. WHILE AT NOT W	DRK L
22. I hereby certify that I attended the deceased from	courred at 10.44 p. m., from the causes and on the date stated about
	ccurred at 10.44 p. m., from the causes and on the date stated about 23B. ADDRESS
23A. SIGNATURE / CWOLJ M.D.	11 E. Chasest, Baltimore 2 1/5 4/30/1950
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta
Burial 5/3/50 Lorraine C	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR
MAY I S IN INC.	1 W VIVI I W WOWN I
Vs 150 100 1	93)



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9 5 BT	1008 1008	3	BAI			OF DEATH		red No	4008
	NAME OF DECI	RTHA IR	MA	HIRTH			2. DATE OF DEATH	4/29	150
A.	PLACE OF DEAT Baltimore City	, Maryland	-1	tion, give street a		4. USUAL RESIDENCE	Where deceased li B. COUN		tion: residence before admission
HC	FULL NAME OF SPITAL OR STITUTION	VEST BAI	1	_ / 1	location)		If outside corporat	e limits, write	WHAL and give township
	Length of stay	in Raltimore		LIFE	Yrs. Mos.	D. STREET ADDRESS (I		.4	
		COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED	Days	8. DATE OF BIRTH FEB 12 1898	9. AGE (In ye	ars H Under 1	Year H Under 24 Hours Min
rork	A. USUAL OCCU Jone during most of was 100 SEWIF	PATION (Give kind of orking life, even If retired)	HOME		S OR DUSTRY	11. BIRTHPLACE (State or DALTIMORE	foreign country)	12.C	HAT COUNTRY
	TOHN. HO					MORTHA.		7	
15 (Yes	WAS DECEASED (EVER IN U.S. ARMEI (If yes, give war ur date	FORCES?	16. SOCIAL SECURIT NONE	Y NO.	PANKLIN LEROV	HIETH. 26,	ADDRES	
-	(This does no beart failure, injury or co	OR CONDITION EADING TO DEA to mean the mode asthenia, etc. It mer mplication which	TH of dying, c. ans the disease caused deat	g., (A) C se, h.) DUE TO	enebro- Hypei	voscular accidentes consideres Certains	war Dise	isc	NSET AND DEAT
CATION	RISE TO THE	R CONDITIONS, I ABOVE CAUSE (A) G CONDITION L	STATING T	NG		-	holithani		•
CERTIF	TRIBUTING TO	II NIFICANT COND THE DEATH, BUT ASE OR CONDITION	NOT RELAT	FD					
AL	19A. DATE OF			FINDINGS O	F OPERA	TION			YES NO [
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Σ	21D. TIME (Mo OF INJURY	nth) (Day) (Year			CCURRE OT WHILE	21F, HOW DID INJUI	RY OCCUR?		186.3
	22. I hereby of deceased alive 23A. SIGNATUR		tended the	deceased from	m4 h occurr	ed at 6:50 Pm., from B. ADDRESS		on the day	t I last saw the te stated above DATE SYGNET
24	A. BURIAL, CRE	MA- 24B. DATE	10 co	24c. MAME OF	CEMETER CIOCA	1 1	COCATION (City	town, or cou	4/30/50 (State
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PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be efully supplied. The	Physicians:	ACTACOLARION ACTAC
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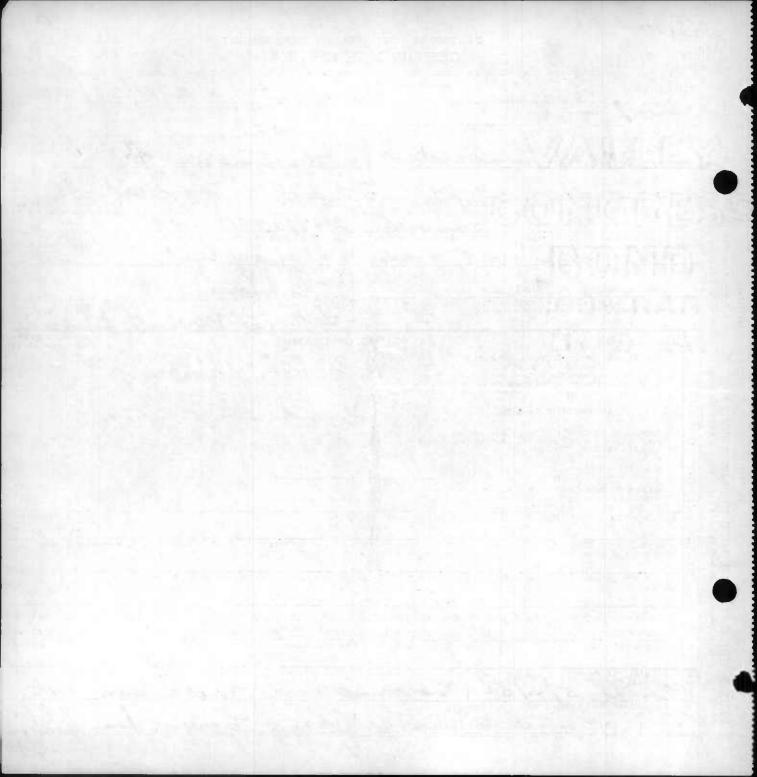
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The	DE	CERTIFICATE	E OF DEATH	Registered No	
H	1.	NAME OF DECEASED	12	DATE	
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plie		PLACE OF DEATH:	4. USUAL RESIDENCE (Where	deceased lived. If instit	
supplied.	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	BCOUNTY	before admission)
ly s	HC	OSPITAL OR location		de corporate limits, wri	
fully ly.	4.	11 N. pseph s Nosp.	15alto	Esser E	township)
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leg		Length of stay in Baltimore /6	mace AvE.	130x 22 1	Salto 2/
d be	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. /	AGE (In years Under last birthday) Months	
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		DA. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY
rmation shoul	10	None laperhanget	Ma.		USA
information s of death cl	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1	
orn	15	August	Motilag Nos	en baus	r.
info s of	(Yes	5. WAS DECEADED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ess
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y item of i		18. 147 X 1	OF DEATH		NTERVAL BETWEEN
it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
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Ever		injury or complication which caused death.) DUE TO	// //	/	
		ANTECEDENT CAUSES			
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	AT	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.			
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	U	19A. DATE OF OPERATION . 1 19B. MAJOR FINDINGS OF OPER	ATION A	words .	20. AUTOPSY?
TTH ant.	A L	4-19-50 Meta state Care	me of huheat.	44	YES NO
LY, WITH	DIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (If in sec.) 1NJURY OCCURT	Balamore City, give e	
Y,		HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	INJURY OCCURY		
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OC	CUR?	
Ily		OF INJURY WHILE AT NOT WHILE MORK AT WORK			
PL. ecia		22. I hereby certify that I attended the deceased from 4	4-11 , 1950 to 4-	30 . 195 Othe	at I last saw the
Espe		deceased alive on 4-30, 1950, and that death occur	- 10 -	auses and on the do	
WRITE PL.			38. ADDRESS		C. DATE SIGNED
W		4 (Joseph Kreper M.O.	1400 11. Caro	are It	4-30-50
PLEASE Wi	24 TIC	4A. BURIAK CREMA- 24B. DATE 24C. NAME OF CEMETE		TION (City, town, or co	
AS		BURIAL MAY 3 4950 HOLY REDEL		BELAIR RD	MD
OFF		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ORESS
TH O		MAY 1 - 1950 mutuster Milions M.	Sapper Bro -	110 BELA	iR RD
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	1. NAME OF DEC

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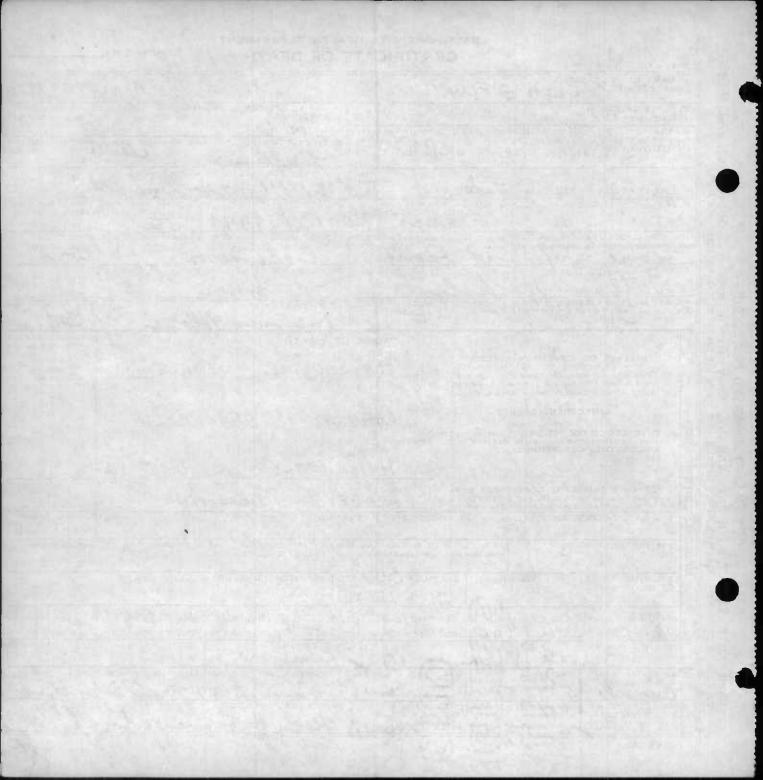
1. (T	ype or Print)	erchant 2. DATE OF 4/29/50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	md.
IN	DSPITAL OR STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore 14 yrs Mos. Days	870 W. Tombard St
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years li bade I Year Months: Days Hours Min.
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	1 V PIRTURI ACE (State or foreign country)
worl	Adone during most of working life, exemplificational at A one	maryland WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Henry Prye	Unknown
15 (Ye	s. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 0, W.
-		LeRoy D. Merchant Lambard
	173	OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Propher Start House Start
	(This does not mean the mode of dying, e.g., (A)	first of E
	ANTECEDENT CAUSES	Ly Derturoise C. Udisoase
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Ty Deri Croive C. Odisase
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TIFIC,		
RTIE	OTHER SIGNIFICANT CONDITIONS CON-	
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AL O	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	
ICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
EDIC	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE AT WORK	
	I worked to the first the tree accorded to the	12-ch, 1950, to 1/29, 195, that I last saw the
	deccased alive on 7/29, 1950, and that death occur	rred at 900 m., from the causes and on the date stated above.
		ADDRESS ADDRESS
		23B. ADDRESS 1945 N Balt 50 3/1/50
2.	23A. SIGNATURE 4A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	1945 N Balte St 3/1/50
TI	23A. SIGNATURE 4A. BURIAL, CREMA- 24B/DATE 24C. NAME OF CEMETE Burial 5/2/50 Lorrain	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State) e Park Woodlawn Ind.
TI	23A. SIGNATURE 4A. BURIAL, CREMA 24B/DATE 24C. NAME OF CEMETE 24C	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TI	23A. SIGNATURE 4A. BURIAL, CREMA 24B/DATE 24C. NAME OF CEMETE 24C	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State) e Park Woodlawn Ind.



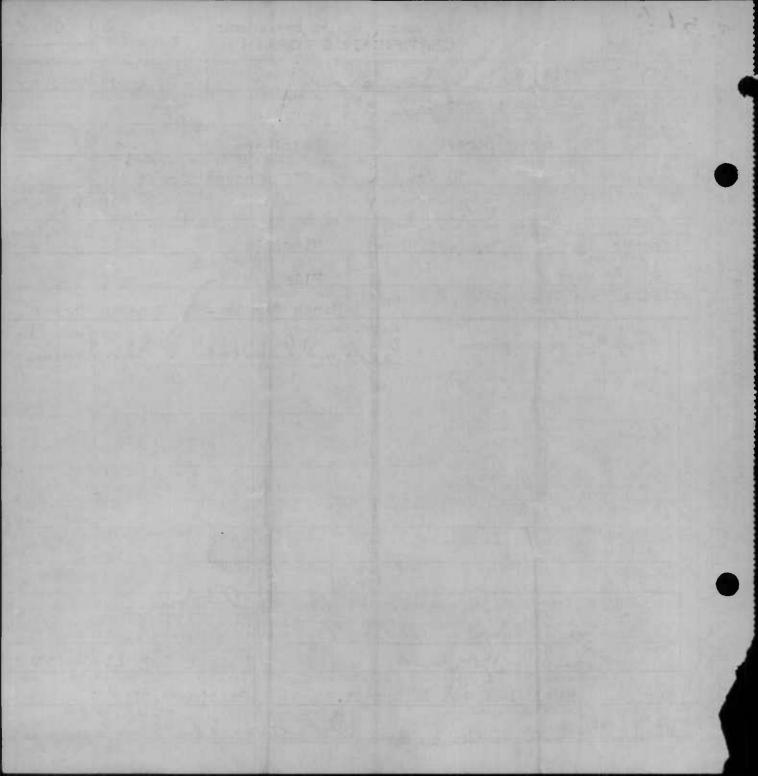
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1	BI	AULL CERTIFICAT	E OF DEATH Registered No.							
	1. (T	NAME OF DECEASED ELLA E. FLORA	2. DATE OF APRIL 29, 1950							
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)							
	В.	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location)								
		STITUTION SINAI HOSP. OF BALTO.	Baltimore 20-09 township)							
	c.	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give logation)							
	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify MARR) 5)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.							
	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if etired) INDUSTRY	11./BIRTHPLACE (State or foreign country) 12. CITIZEN OF							
	-	House wife at thome	Baltimore WAT ANTRY?							
	13	William nickols	14. MOTHER'S MAIDEN NAME							
	15	. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS, M							
	(10	(If yes, give war or dates of service) SECURITY NO.	Herman Plora Hollins							
		18. 470.0 , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AND INTERPORT TO A							
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
		ANITECEDENT CAUCEC								
	Z	(B) CORO	NARY THROM BOSIS							
	ATIOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
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	RT	OTHER SIGNIFICANT CONDITIONS CON-								
	CE	To the block of control of control of the	BETES MELLITUS							
	CAL	19a. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?							
	DIC	21A. ACCIDENT, SUICIDE, About home, farm, factory, street, office bidg.								
	ME	21- TIME (Mosth) (Day) (Very (Very) Lote Intuity 2000)	RED 21F. HOW DID INJURY OCCUR?							
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY								
		m. work AT WORK	RIL 28, 1960, to APRIL 29, 1950, that I last saw the							
	22. I hereby certify that I attended the deceased from APRIL 28, 1960, to APRIL 29, 1950, that I is deceased alive on APRIL 29, 1950, and that death occurred at 5 m, from the causes and on the date standard SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DA									
			23B. ADDRESS 23c. DATE SIGNED							
	24	IA. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)							
		Burial 5/3/50 London 7	Park Len 3801 Brederick are							
		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 0 /							
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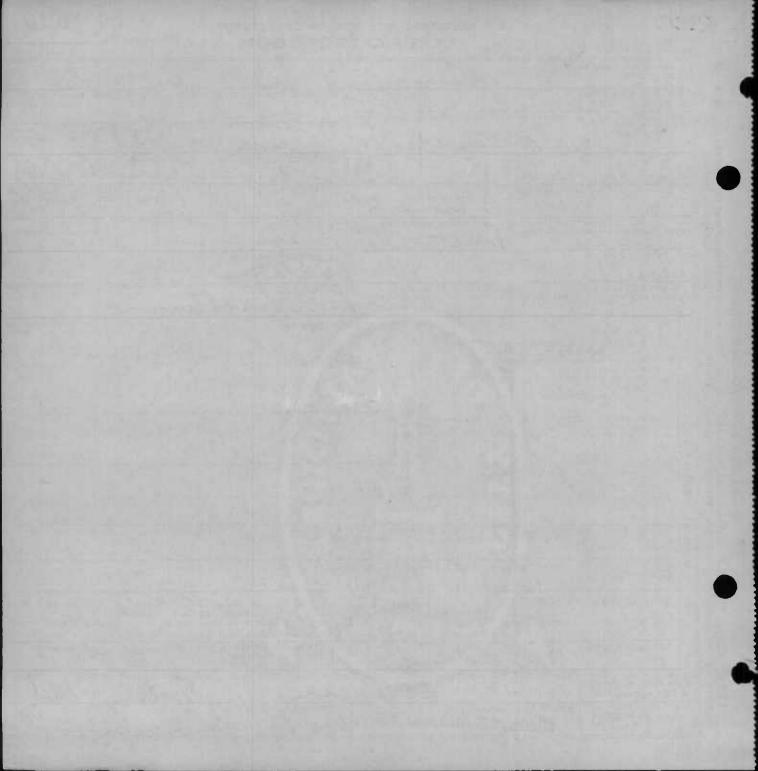
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N _a 5) BI	401#	KEMIK	e7 BAI		EALTH DEPARTMENTE OF DEATH	Registered	50 4014 No	
	(T	NAME OF DE	Mus. CAT	HERIN	VE S. MAI	RLATT	2. DATE OF OF DEATH	el 28, 1950	
fully supplied. ly.	A.	Baltimore Ci	ty. Maryland W	est Bal	to Sen- Hosp.	4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution; residence before admission)	
ns A	B. He	FULL NAME O	West Balt:	inore	Gen. Hos pertion	c. CITY OR TOWN	If outside corporate lim	its, write WURAL and give	
fully.	IV		Rayner Ave			Baltimor	15_/	township)	
legibl	C. Length of stay in Baltimore Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 3016 Gwynns Falls Parkway			
uld be	177	emale	White	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 0et.6,1875	9. AGE (In years last birthday)	it Under I Year H Under 24 Hours Inths Days Hours Min.	
NDING information should be fully of death clearly and legibly.	worl	At Hon	UPATION (Give kind of working life, even if retired)	IOB. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
atio		FATHER'S NA				14. MOTHER'S MAIDEN	NAME		
NG des			H. Single			Mary Snyder			
BINDING of inform uses of dea	(Ye	n, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
BIN of uses		- ALCOHOL - A.	_		1	Mrs. Catherine	Bear 3016	Gwynns Falls	
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MAR NFA iysic	ERTIF		II GNIFICANT CONDI TO THE DEATH, BUT			per 0	Michaela	M. D.	
	Ü		EASE OR CONDITION	CAUSING	IT	CHIEF OR	AGOT. MEDICAL EXAMINE	20. AUTOPSY?	
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TE		deceased alin		, 1950	and that death occur		the causes and on	the date stated above.	
WR.		23A, SIGNATO	Lacy	1/10	M. D.	Well Balto 4	cen. Nesp.	4/29/50	
日の名	TIC	AA. BURIAL, CR	ecify)		24c. NAME OF CEMETE		LOCATION (City, town	n, or county) (State)	
EAS	B	urial	5-2-50	mcinista.	Loudon Par	25. FUNERAL DIRECTOR	altimore,	Md.	
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53	95 Orth v3015	CERTIFICATI	EALTH DEPARTMENT	Registered N	0 4015		
(7 3.	NAME OF DECEASED (Type or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 1 f not in hospital or insti	larry Fu	A. USUAL RESIDENCE (W	2. DATE OF DEATH There deceased lived. If is	nstitution: residence before admissio		
7.1	OSPITAL OR NSTITUTION /7/17 N. 5 m	location) 14//wood 5+ Yrs. Mos.	o. STREET ADDRESS (If	outside corporate limit	, Site RURAL and gi		
5.	M w Till	Days GLE, MARRIED, OWED, DIVORCED (Specify)	B. DATE OF BIRTH	last birthday) Mon	Under 1 feat ff Under 24 Hours Min		
wor	DA. USUAL OCCUPATION (Give kind of k doughturing most of working life, even if retired) B. FATHER'S NAME	ND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTR		
15 (Y)	(If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	F. INFORMANT Que buel	Thuw AD	DORESS		
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH Antecedent Course of Death Antecedent Causes CAUSE OF DEATH Antecedent Cause of Death Antecedent Causes						
HICATION	DISEASES OR CONDITIONS, IF ANY, GERISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.						
ERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ATED G IT.					
AL C		OR FINDINGS OF OPER			20. AUTOPSY?		
EDIC	21a. EXTERNAL CAUSE WAS 21a. PRIMARY OR CONTRIBUTING about bon CAUSE OF DEATH.	PLACE OF INJURY (e.g., in ne, furm. factory, street, office bldg., e	21c. WHERE DID (I) INJURY OCCUR?	f in Baltimore City, gi	ve exact location)		
N	21D. TIME (Month) (Day) (Year, (Hour) OF INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?			
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [2], accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).						
		The state of the s	1 225 CHIEF MEDICAL	WASSIED DIES	DATE CLOSUES		
24	AM BURIAL, CREMA: 248/DATE	Dunda M.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATORY OR CREMATORY 240. LC	XAMINER	DATE SIGNED		
Z TIO	23A. SIGNATURE 2 A fuel	Den Ag M. 24C, NAME OF CEMETER BLOCK THRE	D. MEDICAL INVESTIGATO	CATION (City, town of	9/30/00		



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EDIC,

OF INJURY

24A. BURIAL, CREMA-

Lurial DATE RECEIVED BY

LOCAL REGISTRAR

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	(T	NAME OF D ype or Print)	EATH:	Fannie (Glazer
fully supplied.	B. HO	FULL NAME OSPITAL OR OSTITUTION	Oity, Maryland OF (If not in hospit Baltimor 4940 Eas	e City ! tern Av	
fron legibly.	c.	Length of s	tay in Baltimore	46 Ye	ars Mo
ld be and		sex Female	6.COLOR OR RACE		. MARRIED. ED, DIVORCED (Spec
on shou clearly		A. USUAL OC	CUPATION (Give kind of of working life; even if retired)	108. KIND	OF BUSINESS OR INDUST
atic	13	.FATHER'S (NAME /		
	15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO
OR BIN item of i		18. 3 :	32X,	v	CAUS
VED FOI Every ite		(This does	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It me complication which	TH of dying, e. a ans the diseas	e,
ER.			ANTECEDENT CAU	SES	
ARGIN RESERVED ADING INK. Every icians: please write t	FICATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	
RGIN ADING icians:	TIFI	11 -11	11		(C)
- 1 - Prof	100	market Carrier			A 1. 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICA

ATE	OF DEATH	Registere	d No							
		2. DATE OF DEATH M	ay 1.	1950						
ress or	4. USUAL RESIDENCE (WI A. STATE Md.		. If instit							
ation)	c. CITY OR TOWN (If c	outside corporate li	mits, wri	te RURAL and give township)						
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)									
Specify)	Jan. 3, 1884	O ACE Un voore	If Under 1 Months	Year M Under 24 Hours Days Hours Min.						
OR	11. BIRTHPLACE (State or for Russia	reign country)	12.0	CITIZEN OF WHAT COUNTRY?						
	14. MOTHER'S MAIDEN NA	ME								
NO.	17. INFORMAN Baltimor Records: 4940 Ea	e City Hos	pîtai nue	SS						
JSE (OF DEATH		[1	NTERVAL BETWEEN						
	ral Thrombosis									
cle; Me	otic Heart Diseas	se								
	ATION			20. AUTOPSY?						
(e.g., iz cebldg.,e		f in Baltimore Cit	ty, give €	exact location)						
WHILE WORK	21F. HOW DID INJURY	OCCUR?								
2-2 occur	red at 12:45AM, from th	ie causes and o	n the do	c. DATE SIGNED						
40	4940 Eastern Ave RY OR CREMATORY 24D. LC L	enue OCATION (City, to	own, or co	OPESS						
	45. FUNERAL DIRECTOR	1	ADI	UNESS						

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

Arteriosc Diabetes 198, MAJOR FINDINGS OF OF

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

218. PLACE OF INJURY (e. about home, farm, factory, street, office ble 21p. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCU

NOT WH WHILE AT WORK

22. I hereby certify that I attended the deceased from 2 deceased alive on 5-7 , and that death oc

23A. SIGNATURE

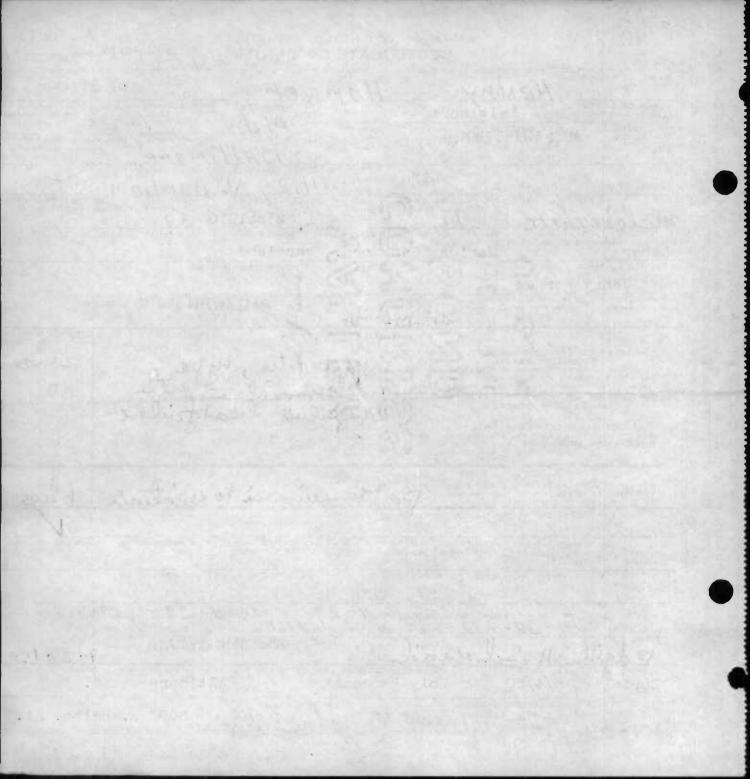
24B. DATE

24c. NAME OF CEME

REGISTRAR'S SIGNATURE

2100 Bulaw

	The same of the		
			Name of the last o
		E. er	that with my willings
		4	



many trabander to many The state of the s

ADDRESS

before admission)

If Under 1 Year

12. CITIZEN OF

S. Hanover

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

that I last saw the

23c. DATE SIGNED

township)

noture of the tunior unknown, permission for autopsy denied. Letter in document file 50 - 4019 - 6/26/50.

HIIM '	WITH UNFADING INK. Every item of information should be fully supplied. The	INK.	Every	item c	f in	formation	n shou	ld be	fully	supplied.	The	3
portant.	Physicians:	please	write t	he caus	es o	f death c	learly	and	legibly.			_

1	76						
155	Anso				ALTH DEPARTMENT		4020
BI	RTH NO.	,		CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DE					2. DATE OF	
	PLACE OF DE	Mary Emma	Berge	er	LA NOULL DECIDENCE (DEATH April	27, 1950
A.	Baltimore C	ity, Maryland	Baltin	nore	4. USUAL RESIDENCE (VA. STATE Marvland	B. COUNTY	before admission)
H	OSPITAL OR	2321 E. Fe		location)		f outside corporate limits,	
0	0				Baltimo		o/ township)
c.	Length of st	ay in Baltimore	Life	Yrs. Mos. Days	1304 S. Hand		
1	sex female	6.COLOR OR RACE	WIDOW	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH J an. 17.1881		der I Year H Under 24 Hours his Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF
WOT	Housew	working life, even if retired)		INDUSTRY	Baltimore Mo	1.	WHAT COUNTRY?
13	FATHER'S N	AME			14. MOTHER'S MAIDEN N		
		es P. Steir			Mary McGary	7	
15 (Ye	e, no or naknowa)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
-	no			none	Mr. William H	Berger 1000	Patapsco Si
RTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of th	TH of dying, e. g. ns the disease eaused death SES F ANY, GIVIN STATING TH	(B) Cor	rwsderdie He onary Thro elsae Dela		3 uks
CER	TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	.D			
AL	19A. DATE OF	OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION	KALA KED	20. AUTOPSY?
EDICA	21A. ACCIDENT HOMICIDE	NT, SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (:	If in Baltimore City, give	
Σ	21D. TIME (1 OF INJURY	Month) (Day) (Year)	` '	VHILE AT NOT WHILE	21F. HOW DID INJUR	Y OCCUR?	
		certify that I att			15 , 1950, to		that I last saw the
	234. SIGNAT	ve on 4/27 Pent M. Me			red at 10 45Pm., from t 3B. ADDRESS Charles 1403 & Charles		date stated above. 23c. DATE SIGNED 4/29/50
24 TIC	a. Burial, con removal (St. burial	REMA- 24B. DATE Decify) May 1		New Cathedr	al Cemetery Ol	ocation (City, town, or d Frederick	
	ATE RECEIVED	BY REGISTRAR		RF.	25. FUNERAL DIRECTOR KRAUSE JUNERAL	A	DDRESS
			145	111111111111111111111111111111111111111			

REGISTRAR'S SIGNATURE

YMUGHUS, MI

hutuator

DATE RECEIVED BY

LOCAL REGISTRAR

VS 151

20. AUTOPSY? (If in Bultimore City, give exact location) Rd. East Drive 50' east of Sulphur Spring Pedestrian struck by auto thereon and from " Autopsy, Inspection or Inquiry 23c. DATE SIGNED 25. FUNERAL DIRECTOR ADDRESS

50 4021

If Under 1 Year

12. CITIZEN OF

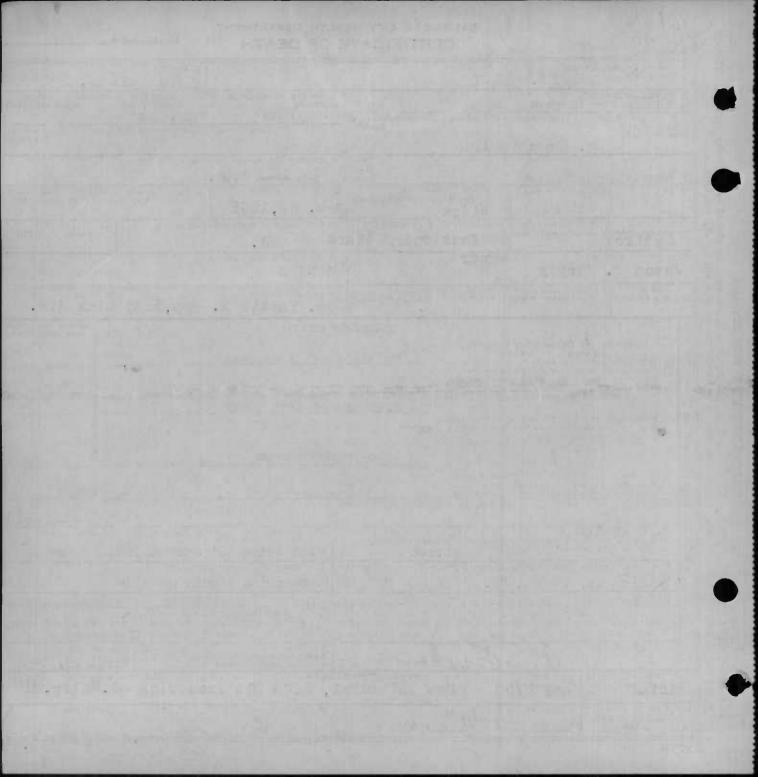
WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

before admission)

township)



VS 150

BA	LTIMORE	CITY	HEAL	тн	DEPARTMENT
	CERTI	FICA	TE	OF	DEATH

50 4022 Registered No.

BI	RTH NO.			CERTIFICATI	E OF DEATH		
1.	NAME OF D	ECEASED				2. DATE	
(1	ype or Frint)	Suzanna R	achubin	nski		DEATH April	28 1950
3.	PLACE OF D	EATH:	07 0	Dona Ctmoot	4. USUAL RESIDENCE (Where deceased lived, If Inst	itution : residence before admission)
A.	FULL NAME	OF (If not in hospi	ital or institut	Rose Street	Maryland	B. COUNTY	before auminatori)
H	SPITAL OR	Or (21 Not III Not)	111111111111111111111111111111111111111	location)		f outside corporate limits, w	
II IN	STITUTION				Beltimore	1-0	5 township)
				Yrs.	D. STREET ADDRESS (II	rural, give location)	
c.	Length of s	tay in Baltimore		Years Mos.	623 S. Rose	Street	
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	Year Hours Min
	Pemale	White	Wide		Aug. 11 1893	67	
		CUPATION (Give kinds		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF
7	Iouse W	of working life, even if retired OPK	" Hou	sewife INDUSTRY	Poland		U. S. A.
-	. FATHER'S		1 220 00	5011220	14. MOTHER'S MAIDEN N	IAME	0 • 0 • 11 •
1	menle G	orcewicz			Rosalie ?		
		ED EVER IN U. S. ARMI	ED EORCES?	I 16. SOCIAL			
(Ye	, no or unknown)	(If yes, give war or dat	tes of service)	SECURITY NO.	17. INFORMANT	ADDI	RESS .
					They army No	Techi 1093.	Watheregton
	18. 44	3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	1	- 0	0	
	(This does	LEADING TO DE		en a acui	te sulmona	vy edema	4 wes.
	heart failu	are, asthenia, etc. It me complication which	eans the diseas	se,	te pulmons		
	1113013 01			, /			The state of the last
7		ANTECEDENT CAL	JSES	Dust	vertensive C	- V di sego	20 Us
ō		S OR CONDITIONS,		NG			
F	UNDERLY	THE ABOVE CAUSE (A	A) STATING TI	HE DUE TO V			100
Ü							
TIFICATION		11		(C)			
11 02		SIGNIFICANT CON			0. 0.0.00	ation	1 me
GE		G TO THE DEATH, BUT			war jevrel	alion	a yrs.
	19A. DATE C	OF OPERATION	198, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CAI							YES NO
100	HOMICIDE	ENT. SUICIDE. (Specify)	2 IB. PL	ACE OF INJURY (e. g., i		If in Baltimore City, give	exact location)
EDI	TIOMICIBE	(Dy cotty)					
Σ		(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	man solla	2 7 1 puil 1050.	7 . 7 7
		y certify that I as			may , 1949, to		hat I last saw the
	23A. SIGNA		, 1930.	The state of the s	rred at 7.30 P.m., from		3c. DATE SIGNED
	23A. SIGNA	TORE CONSI	6/4/20	son !	2601 Enster	m and .	29 April 50
2	A RURIAL	CREMA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	OCATION (City, town, or	county) (State)
TI	N. REMOVAL (S	Specify)	100	11. 1 2.	1 2 6	4. 0	
	Juricel	ynny d	150	Hory Rosar	1 2000	Ta. County	ODRESS
	ATE RECEIVE		S. S. SIGN WIL	REULE, MA	25. FUNERAL PIRECTOR	AL	JUNESS INT
1	MAY 1 - 1	500 1 1	*		John M. Welley	4013. Chester	Must

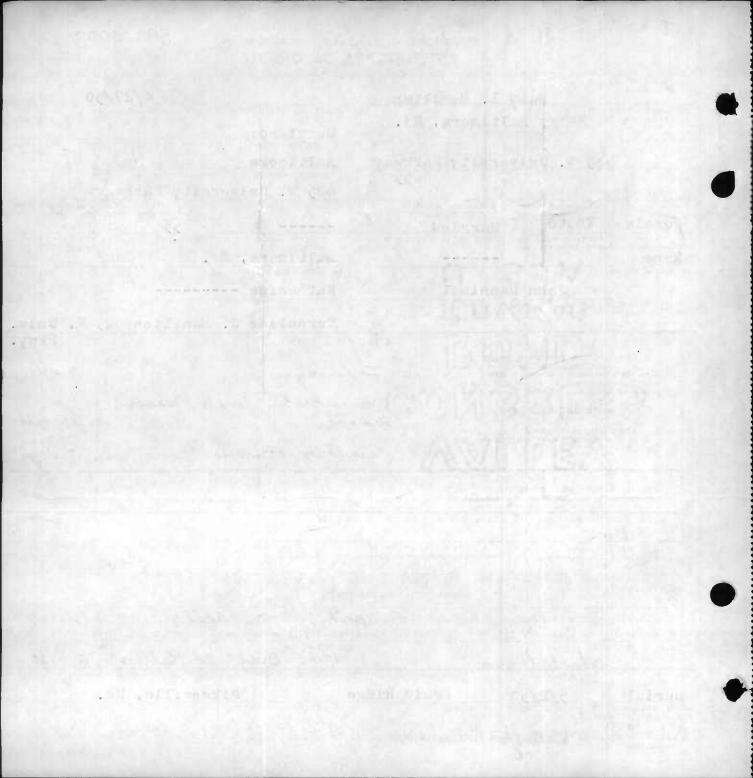
BINDING FOR RESERVED MARGIN

VS 150

pecify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under Months	Days :	II Under 24 Hours	
STRY	11. BIRTHPLACE (State or Baltimore,		12.	CITIZE		TRY?
43	14. MOTHER'S MAIDEN Katherine	NAME			11	/
NO.	17. INFORMANT Cornelius J.	Hamilton	ADDR		Ilni	37
CE (144MILLOOM				_
SE	OF DEATH			DNSET	AND D	EXTH
Ing	Chenza			4	who	
rten	oxebratie Con	dio Vasevla	~			
asa	se.			10	y	10
îsa	Noting Farlier	6 '		2	day	10
OPER	ATION			20. A	UTOPS	Y7
(e. g., ir e bldg., e		(If in Baltimore Cit	y, give			- Garage
WHILE WORK	2 IF, HOW DID INJU	RY OCCUR?				
	red at 9:15 pm., from					
D. 2	3B. ADDRESS 104 E. Bradly		2 23	5	50 SIG	NED
dge	Pi	kesville,		ounty)	(5)	tate)
	25. FUNERAL DIRECTOR	y Don Tos		Pale		St.
			93)		

before admission)

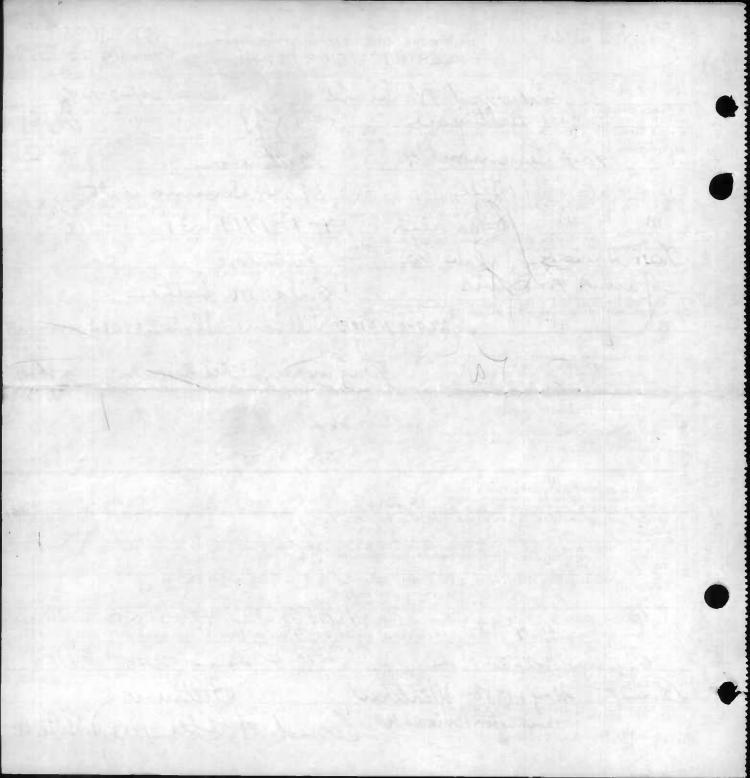
township)



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

BI	IRTH NO.	
	NAME OF DECEASED Solward A. Verris 2. DATE OF DEATH 4-27-	50
	PLACE OF DEATH: Baltimore City, Maryland Baltimore A. USUAL RESIDENCE (Where deceased lived, If instit B. COUNTY B. COUNTY	
B. HC	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR	[42 1 X 2 2 3 1 1 1
0	0 1904 Jennion St. Battimore 20	township)
c.	Length of stay in Baltimore Yrs. Mos. Days 191 191 191 191 191 191 191 1	
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under last birthday) Months	Year M Under 24 Hours Days Hours Min.
10		18
7	Jays Hrwete (Jah Co, Baltimore	WHAT COUNTRY
	Farmer A. Jewis 14. Mother's Maiden Name	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OF SECURITY NO. 18. INFORMANT ADDRESS OF SECURITY NO. 18	ss
	18. 007 X . CAUSE OF DEATH	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	NSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3 mones
	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************
ICA	UNDERLYING CONDITION LAST. (C)	***************************************
RTIF	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
CAL		YES NO
MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or labout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	xact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	at I last saw the
	deceased alive on 7, 1960. and that death occurred at 4 a m., from the causes and on the do	ite stated above
	Manager Cos M.D. M.D.	PATE SIGNED
24 TI9	A. BURIAL CREMA: 248, DATE 24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or co	unty) (State)
		DRESS
AA'	Y 15 1950 Thuttugton Milliams, Mill Fred. A. Cole, 1913 W.	Walto. St
	4205V	B



BIRTH NO 1. NAME OF DECEASED (Type or Print) ully suppli 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION c. Length of stay in Baltimore information should be of of death clearly and le 5. SEX 6. COLOR OR RACE W 10A. USUAL OCCUPATION (Give kinds work done during most of working life, even if retired 13. FATHER'S NAME muchae BINDING 15. WAS DECEASED EVER IN U. S. ARM
(Yes, po or upknown) | (If yee, give war or da (Yes, no or unknown) causes Jo item 18. DISEASE OR CONDITION the LEADING TO DE (This does not mean the mode RESERVED write heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAL INK. please ERTIFICATION DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (UNFADING UNDERLYING CONDITION Physicians: MARGIN 11 OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU U TO THE DISEASE OR CONDITIO 19A. DATE OF OPERATION MEDICAL Important. 21A. ACCIDENT, SUICIDE, (Specify) HOMICIDE 21D. TIME (Month) (Day) (Yea OF INJURY WRITE PLA 22. I hereby certify that 1 deceased alive on. 23A. SIGNATURE age 248 DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) correct 5-2 Durea DATE RECEIVED BY REGISTRAI

LOCAL REGISTRAR

025 BALTIMORE CITY HEA CERTIFICATE	
LIZABETH A. LU.	DDY 2. DATE OF OFFILES, 1950
and	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE 6 B. COUNTY before admission)
tin hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 25/0 Holling St.
	8. DATE OF BIRTH 9. AGE (in year: It Under I year It Under I ye
	M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME
. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS William Sully - 2510 Walling St.
ITIONS, IF ANY, GIVING AUSE (A) STATING THE DUE TO ITION LAST.	Foreway Throng 60 sis 1/hr townsdaritie Pardio-Pend Direct 10415
T CONDITIONS CON- ATH, BUT NOT RELATED	uphragmetic Hernia
ON 198. MAJOR FINDINGS OF OPERAT	ATION 20. AUTOPSY?
21B. PLACE OF INJURY (e. g., in o about home, farm, factory, street, office bldg., etc.	or 21c. WHERE DID (If in Baltimore City, give exact location)
y) (Year) (Hour) 21E. INJURY OCCURRED while at Not While at work at work	21F. HOW DID INJURY OCCUR?
PR Judmoke M. D. 24C. NAME OF CEMETERY	Jays w Balto SY 31, 50
GISTRAR'S SIGNATURE 22	25. FUNERAL DIRECTOR ADDRESS Sexyel-Twelcy Fullow Per Tayoth S.

Dr. Lubinoki

4026 50

	Du	No water	BAI	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered N	To	7
1.	NAME OF Daype or Print)	Fred Jacob	us DeL	eur		2. DATE OF April	29. 19	950
A.	PLACE OF D Baltimore (City, Maryland	al or inetitut	ion give street address on	4. USUAL RESIDENCE (A. STATE Ch:	DEATH	institution :	
ELT 5	OSPITAL OR	man ParkDrive	o spita	on, give street address or location)	C. CITT ON TOWN	f outside corporate limit leveland	s, write RU	RAL and give township)
C.	Length of s	tay in Baltimore		80 Mes.	9516 Clifton		nd, Oh:	io
5	sex m	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	Jun 18, 1898	9. AGE (In years last birthday)	Under 1 Year oths Days	Il Under 24 Hours Hours Min.
1 (Captain	CUPATION (Give kind of of working life, even if retired)	10B. KIND	of Business or INDUSTRY	11. BIRTHPLACE (State or : Holland	foreign country)	USA USA	EN OF COUNTRY
13	Fred J.				14. MOTHER'S MAIDEN N Annette Mulde:			
Uh	known	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS - US M	ARINE HOSPITA	DDRESS L. BALT).,MD.
Z	heart failu	LEADING TO DEA's not mean the mode ure, asthenia, etc. It mea complication which ANTECEDENT CAUS	of dying, e. ns the diseas aused death	se, (A) effus	ary metastasis wition toma of right lun			months
RTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T	NG				
CERTIFI	OTHER S TRIBUTING TO THE D	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CO	(C) N- ED IT				
				FINDINGS OF OPER	tions		20. A	NO X
EDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, a		
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?		
	deceased a	live on April	248 50		rred at 10:08 m., from	April 29 , 1950 the causes and on th	ie date st	ated above
	Pr. Jo	ohn L. Wilson			U.S.MARINE HOSPI'		5-1-	TE SIGNED
TI	4A. BURIAL. (SON, PENOVAL (S	Specify) 5/4	1/50	24c. NAME OF CEMETE	of Cour G	ATION LITY TO	- 11	(State)
	ATE RECEIVE		S SIGNATI	Williams, M. M.	Chan Director	11 00	ADDRES	s MARIA

13051

VS 150

FAUR DES RECATES DE LEALEN

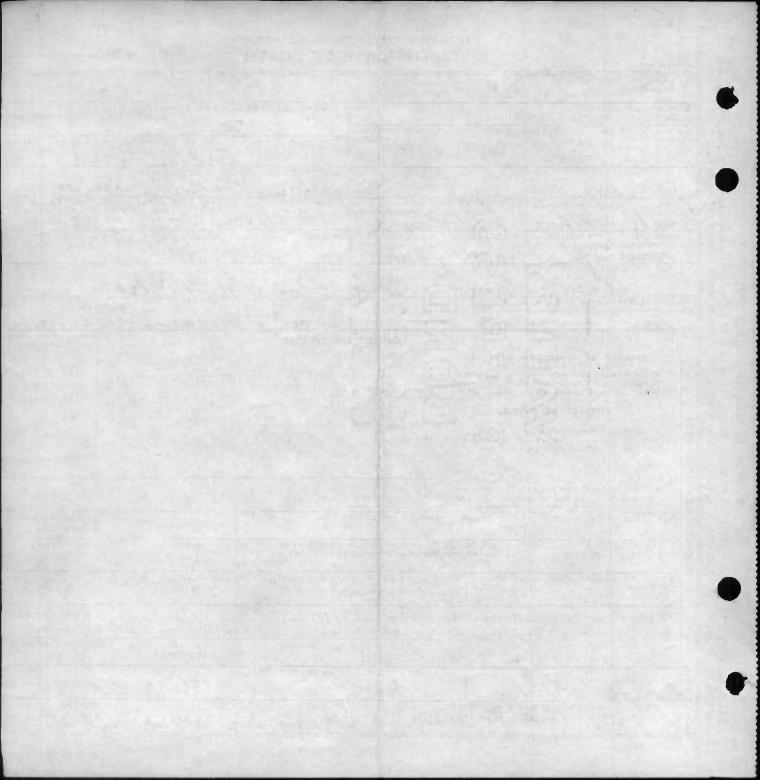
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				- 44	
	Y CHARLES				
	THE TAX STATE	radian by had		M. Phil	

BEVANS 4027

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4027 Registered No.

BIRTH NO.			OLIVIII IOAI	L OI DEATI		
1. NAME OF D (Type or Print)	ECEASED Ja	aE T	Bevaus		2. DATE OF DEATH	430/50
3. PLACE OF D			L'Anna Anti-s	4. USUAL RESIDE	NCE (Where deceased lived	
B. FULL NAME	City, Maryland OF (If not in hospit	tal or institut	ion, give street address or		THA. B. COUNTY	before admission)
HOSPITAL OR		1/	location	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
42	Havar	10020	1 hl		Balt 2	7 0 township)
		0	Yrs.	D. STREET ADDRE	SS (If rural, give location)	0
c. Length of s	tay in Baltimore		Mos. Days	3404	Parksida	Driese
5. SEX	6. COLOR OR RACE		C. MARRIED,	8. DATE OF BIRTH	9. AGE (In years	H Under 1 Year H Under 24 Hours Months; Dnys Hours: Min.
temala	White	41	e down & d	9/2/17	876 73	7 28 Min.
	CUPATION (Give kind of		OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF
Vouse	of working (fe, even if retired)	U:	+ Howa	B	alto. Md.	WHAT COUNTRY
13. FATHER'S		4	ryome	14. MOTHER'S MAI	DEN NAME	
	Indrew O	aus	, - 1	anie	m. Mille	
(Yes, no or unknown)	ED EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	- 0	3484
No				Damuel S.	Bevano Par	Ksida Arios
18. 60	0.0		CAUSE	OF DEATH		ONSET AND DEATH
	SE OR CONDITION			0.		OHOLI AND DEAT
(This does	LEADING TO DEA s not mean the mode	of dying, e.	S., (A)	Uremia		Hontes
heart failt	ure, asthenia, etc. It mer complication which	ans the diseas	e,			
	ANTEGEDENT CALL					
z	ANTECEDENT CAU	565	(B) KG	oue phros	15	Years
	S OR CONDITIONS,		NG /	0		7
UNDERL	YING CONDITION L		ne boe to			
UNDERL						
Ē	11			1		
H TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELAT	ED Healetts	herlips		
	OF OPERATION		FINDINGS OF OPE	PATION		20. AUTÓPSY?
	or ERATION Y	ISB. MASON	THE THOSE OF OF E	NATION .		YES NO
2 ZIA. ACCIDE	ENT. SUICIDE,	2 B. PL.	ACE OF INJURY (e. g.,	in or 21c. WHERE DI	D (If in Baltimore Cit	y, give exact location)
21A. ACCIDE HOMICIDE	(Specify)		farm, factory, street, office bldg.		37	
ZID TIME	(Month) (Day) (Year	(Hour) 1	21E. INJURY OCCURE	RED 21F, HOW DID	INJURY OCCUR?	
OF INJURY	(1.1.1.1.)		WHILE AT NOT WHILE	AND THE RESERVE OF THE PARTY OF		
		m.	WORK AT WORK	- 7	1/2	
22. I hereb	y certify that I at			4/29 , 1957		50, that I last saw the
deceased a		_, 19_50,			from the causes and or	the date stated above
23A. SIGNA	TURE JOH	51	1/2000	23B. ADDRESS	. Has sidel	23c. DATE SIGNED
24A. BURIAL,		r on	24C. NAME OF CEMETE		24D. LOCATION (City, to	
TION REMOVAL (S	Specify) 5/3/	-				
Buria	() /.	50	Balte).	Balto.	ADDRESS
LOCAL REGIST	CDAD	'S SIGNAT		25. FUNERAL DIRE	CIOR	TADDRESS +
MAY 2 - 19	50		- Tullensen	W= Cook	uc. 12/7 St.	aul s.
VS 150	19 184.	11/11/19				61
						01



E+250 4028

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.		
1. NAME OF I (Type or Print)		Gilber	rt Eggen		2. DATE OF MAJ	1, 1950		
	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence hefore admission)		
B. FULL NAME HOSPITAL OR INSTITUTION			tion, give street address or location)	C. CITY OR TOWN	If outside corporate lim	its, write RURAL and give		
5 U. S.M	arine Hospita	1, Bal	timore 11, Md.	D. STREET ADDRESS (I	f rural dive location)			
c. Length of	stay in Baltimore		Unk Mos.	1519 Ralwort				
5. SEX	6. COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)			
Male	White	9.5	VED, DIVORCED (Specify)	Dec 27, 1903	last birthday) N	Ionths Days Hours Min.		
10A. USUAL OC work done during most	CCUPATION (Give kind of tof working life, even if retired)	Parol	of Business or Dept. INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S		State	of Maryland	14. MOTHER'S MAIDEN	NAME) our		
John E	ggen			Josephine Be	elt			
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
451	WW II		Unk	Records, US Ma	arine Hospits	al, Balto., Md.		
Z DISEASE RISE TO UNDERLU	SE OR CONDITION LEADING TO DEA' so not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION THE DEATH, BUT	FH f dying, e. ns the disease aused death SES F ANY, GIVII STATING T ST.	(a) Hyperte disease (b) Cardie (c) Semins	on sive cardidvasce with ary Arteriosclero Hypertrophy et, anterior, sepal vesiculitis, s	osis with	5 years Ont. Recent		
19A. DATE	DISEASE OR CONDITION	CAUSING		ATION		20. AUTOPSY?		
AL	1					YES X NO		
HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e					
21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?			
deceased a	by certify that I att dive on May 1	, 19 50	and that death occur	11 5, , 19 50 to Ma red at 5:30 m., from 38. ADDRESS	the causes and on	5,0 hat I last saw the the date stated above 23c. DATE SIGNED		
VEX.XXXX	uchoux xlinkeyex xii	AXSURE	ann Surgeon	US Marine Hospita				
TION REMOVAL	Specify)	50	24c. NAME OF CEMETE	Vark	Balto.	n, or county) (State)		
DATE RECEIVE	D BY REGISTRAR'	S SIGNATU		25. FUNERAL DIRECTOR	1217 St. 7	and st.		
VS 150	0	=\align=1	11498			1310		

and Book Com. 19 14 15 23 separation of the private states and beginning and the states. · AB DECOME AND LOSS LA SUL BURNERS I. . . Vino, Lathern marks I the out wood The total series of the series of the was the supplied to the state of the state of disease Later County and a Marine Com Laster County

(If outside corporate limits, write NURAL and give township) D. STREET ADDRESS (If rural, give location) 10ce 9. AGE (In years H Under 1 Year last birthday) Months: Days Hours; Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) that I last saw the B.m., from the causes and on the date stated above. 23cl DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS MAY 2 - 1550 VS 150

before admission)

Registered No.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) MARYLAND SALT. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ALTIMORE D. STREET ADDRESS (If pural, give location) REISTERTOWN 2342 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | N Under | Year | N Under 24 Hours | In Under 24 Hours | Months; Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ALTIMOIZE 14. MOTHER'S MAIDEN NAME INOCOUR 17. INFORMANT **ADDRESS** WITE SAME INTERVAL BETWEEN ONSET AND DEATH CARDIAL MINUTED DRONARY 20. AUTOPSYT

2. DATE

OF

DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT

AT WORK WORK 22. I hereby certify that I attended the deceased from

1950 and that death occurred at 6:00 Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE

23B. ADDRESS OF CEMETERY OR CREMATORY 24b. LOCATION

21c. WHERE DID

INJURY OCCUR?

23c. DATE SIGNED

. 19 50 that I last saw the

wua DATE RECEIVED BY LOCAL REGISTRAR

TION REMOVAL (Specify)

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25. FUNERAL

City down, or county, ADDRESS

(If in Baltimore City, give exact location)

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21F. HOW DID INJURY OCCUR?

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UNFAD	Physicia
RITE PL LY, WITH	is especially

The C	50 4031 BALTIMORE CITY HE CERTIFICATI		50 4031 red No.
	1. NAME OF DECEASED (Type or Print) Shy, MARY	2. DATE OF DEATH	MAY 1, 1950
pplie	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	
efully supplied	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION SINA: Hospital or institution, give street address or location)		limits, write RURAL and give
legil	c. Length of stay in Baltimore 40 Yrs.	22286 Combo	ird St
should be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year last birthda)	
on shou clearly	10A. USUAL OCCUPATION (Give kind of working need of working life even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHOLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
information s of death cle	Mendell	14. MOTHER'S MAIDEN NAME	
f info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Harris Shy 2228	6 Lowland
UNFADING INK. Every item of i Physicians: please write the causes	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	metartas	
UNF/ Physic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	erosi, generalized	?
HI .	U 21 ACCIDENT SUICIDE LAST DI ACE OF INTURY (2 - 4	n or 2 C. WHERE DID (If in Baltimore (20. AUTOPSY? YES NO X City, give exact location)
RITE PL LY, is especially impo	deceased alive on May 19 19, and that death occur	ED 21F. HOW DID INJURY OCCUR?	19 P, that I last saw the on the date stated above.
PLEA W		TO FUNERAL DIRECTOR	town, or county) (State)
T o	MAY 2 - 1950 Phuthington / Williams M. Vs 150	pure yeurs the 216	46B

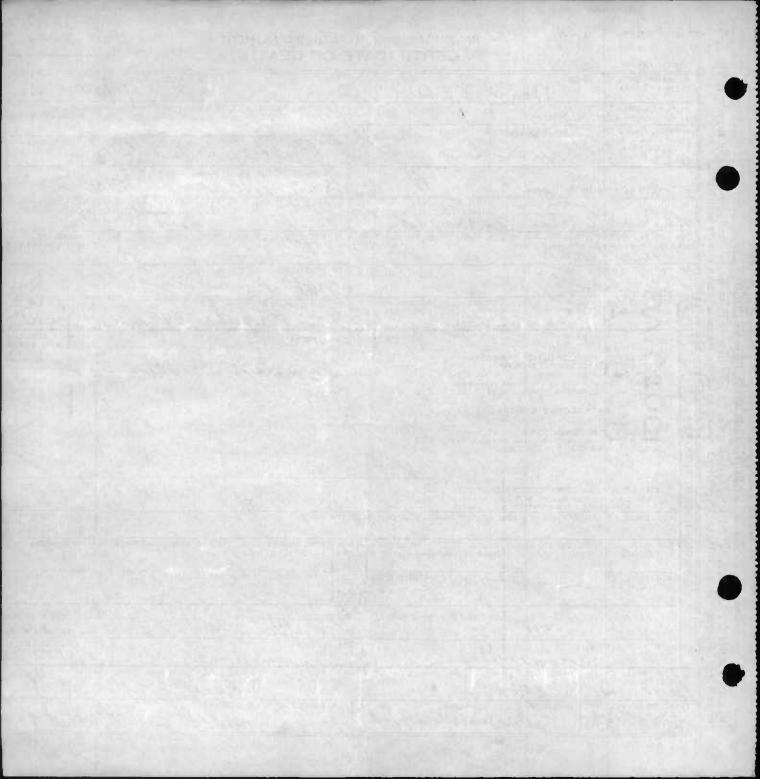
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PLEASE WRITE PLA LY, WITH correct age is especially important.

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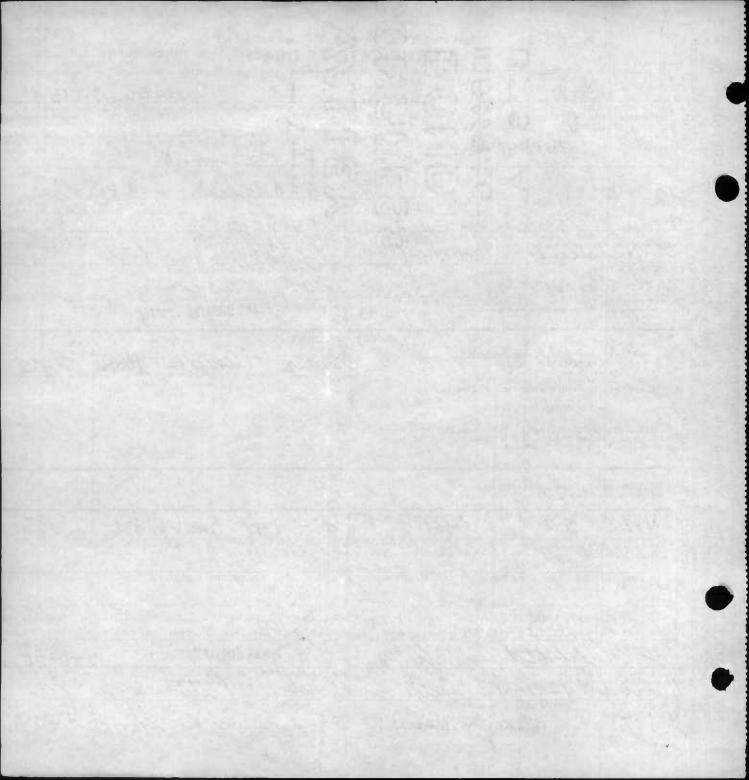
BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATI	E OF DEATH	Registered N	lo				
I. NAME OF DECEASED			La DATE					
(Type or Print)	Kadish		2. DATE OF DEATH	150				
a. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution : residence before admission)				
B. FULL NAME OF (If not in hospital or ins	titution, give street address or location)		outside corporate limit	write RURAL and give				
INSTITUTION Seura	~		ore 3	township)				
	Yrs.		rural, give location)	+				
c. Length of stay in Baltimore	Davs	TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER	row Ce	wa.				
	IGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		nths Days Hours Min.				
IOA. USOAL OCCUPATION (Give kind of work dony during most of wolking life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY				
lainter	MDOSTKI	Measu		WHAT COUNTY				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		89 St. A A -				
aurou		not seus	evu	1776 1336				
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or nnknown) (If yes, give war or dates of service	S? 16. SOCIAL e) SECURITY NO.	Little Kadesh	W - A	DONESS COURT				
18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECT			0	ONSE! AND BEAT				
LEADING TO DEATH (This does not mean the mode of dying	, e. g., (A) acu	te Myssardist.	Infanction					
heart failure, asthenia, etc. It means the dinjury or complication which caused	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES								
Z DISEASES OF CONDITIONS IT ANY	•••••							
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DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS	(C)							
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE								
O TO THE DISEASE OR CONDITION CAUSE		PATION		20, AUTOPSY?				
198. MA	JOR FINDINGS OF OPEN	(A) I O		YES NO				
	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		If in Baltimore City, a	give exact location)				
Z 21p. TIME (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?					
OF INJURY	m. WHILE AT NOT WHILE							
22 I house contifu that I attended	the deserred from	5/1 10 5D to	5/1 , 19 5	Pthat I last saw the				
deceased alive on 5/1, 195	D. and that death occur	rred at 12 50 Pm., from t	the causes and on th	he date stated above				
23A. SIGNATURE		238. ADDRESS	sp.	5 / SO				
244. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 240 L	CATION (City, town,	or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGN	IATURE .	5. FUNERAL DIRECTOR	0 11	ADORESS D				
MAY 2 - 1350 turtingto	~ / YMManut ; Mys	tack hewes	He 2100 (Sutous IX				
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4033 BALTIMORE CITY HEALTH DEPARTMEN Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH / Num 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHES HOPKIES HOSPITAL INSTITUTION D. STREET ADDRESS (If rural vive location) Yrs. Mos. c. Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Il Under I Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORGED (Specify) ma nume 10A. USYAL OCCUPATION (Give kind of work door during most of working life, even if retired) 108 KIND OF BUSINESS OR 11. BLRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN Mown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS KINS HOSPITE (Yes. no or unknown) SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ain tumor LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE, OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF 20. AUTOPSY DICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Bulmore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 4-26 , 1950. to 5-1 ., 1950 that I last saw the 1950 and that death occurred at 535 Pm., from the causes and on the date stated above. deceased alive on 5 -1 23A. SIGNAT 238. ADDRESS 23c. DATE SIGNED BURIAL, CRÉMA-REMOVAL (Specify) 248, DATE CEMETERY OR CREMATORY 240. LOCATION/(City, town, or county) (State) vua. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LAFAY PAGES 195 VS 150 THE PRESENT



BALTIMORE CITY HEALTH DEPARTMENT

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JU	4034
cictored No	

В	RTH NO.		CERTIF	TICATI	E OF DEATH	Registere	d No.
1.	NAME OF D	ECEASED				2. DATE	
			ie Rose Eckert			DEATH AD	ril 29, 1950
B. He	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Maryland 10	20 S. Kenwood A	AVE. address or location)	c. CITY OR TOWN (If	Where dcceased lived, B. COUNTY	If institution: residence
0	0				Baltimore	6-6	
	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (lf 3005 Pulaski	Highway	
	emale	White	7. SINGLE, MARRIED. WIDOWED, DIVORCE Widowed	ED (Specify)	Oct. 18, 1883	9. AGE (In years last birthday)	Months Days Hours Min.
Worl	done during most	CUPATION (Give kind of of working life, even if retired)		SS OR NDUSTRY	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY
13	Jacob I				14. MOTHER'S MAIDEN N	AME	
(Ie	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECUR	ITY NO.	17. INFORMANT Mrs. Leo J. Paso		ADDRESS Ol Bulaski Hewy
CERTIFICATION	(This does heart failt in jury or DISEASE RISE TO TUNDERL' OTHER STRIBUTION TO THE D	SE OR CONDITION LEADING TO DEA's not mean the mode ore, asthenia, etc. It mes complication which of anticomplication which of the ANTECEDENT CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	TH of dying, e.g., ans the disease, auscd death.) DUE TO SES (B) F ANY, GIVING STATING THE AST. (C) ITIONS CON- NOT RELATED	Unfo	estine Hears vearlied San the Minel I	failure mage mage mage mage mage mage mage mag	15 ms mm
MEDICA	HOMICIDE	ENT. SUICIDE. (Specify)	218. PLACE OF INJU about home, farm, factory, atree	t, office bldg.,	etc.) INJURY OCCUR?		y, give exact location)
	OF INJURY	(Month) (Day) (Year)	m. WHILE AT WORK	NOT WHILE			
	deccased a	TURE D	ended the deceased fr , 19 ³ , and that de	ath occur	red at 15 m., front to 38. ADDRESS 2942 2.		A hat I last saw the the date stated above
TI	4A. BURIAL, (S ON, REMOVAL (S I riel	CREMA- 24B. DATE May 3,]				OFATION (City, to	wn, or county) (State)
	ATE RECEIVE DCAL REGIST MAY 2 - 1		s signature		25. FUNERAL DIRECTOR	fone 2008 (ADDRESS

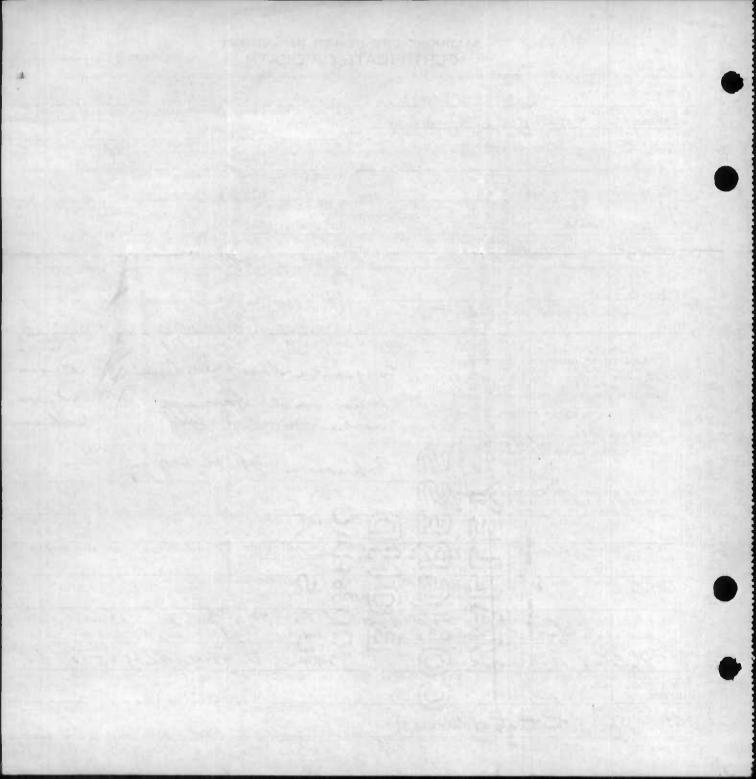
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VS 150

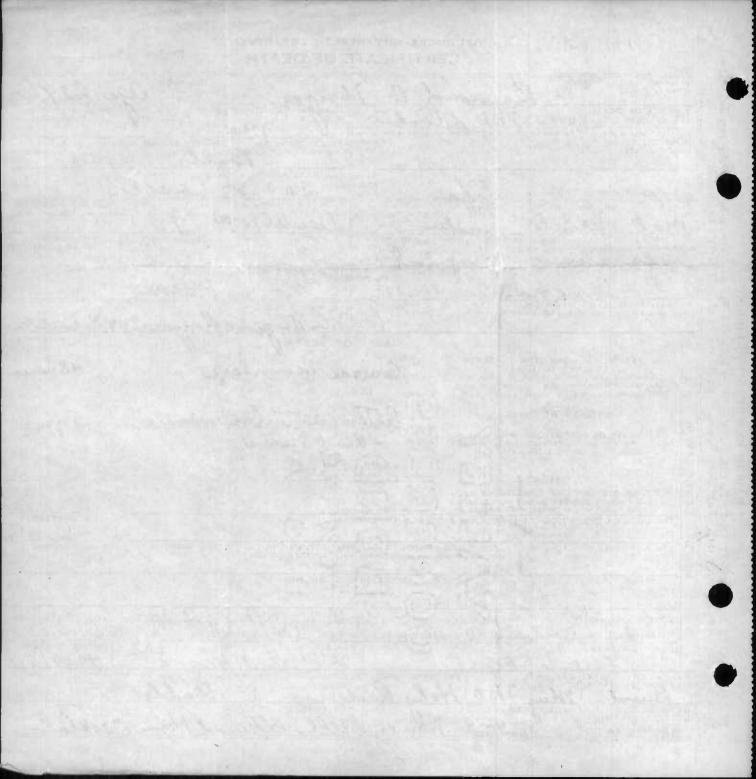
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2008 Urlesns St.,

Funeral Home



W-	-52	4035	BALTIMOR	E CITY HE	ALTH DEPART	MENT	50	4035
The	IRTH NO.	TUGU	CERT	IFICATI	OF DEAT	H R	egistered No	
1 1	NAME OF DEC	EASED B	mond	az	lna.	2. DA OI DEA	F / 1 40	ul29/50
	. PLACE OF DEA . Baltimore Cit		09 11. Ca	ello	A. USUAL RESIDI	ENCE (Where dece		stitution: residence before admission)
II,	. FULL NAME OF IOSPITAL OR NSTITUTION	(If not in hospital	or institution, give s	treet address or location)	C. CITY OR TOWN	Ball	orporate limits,	write RURAL and give township)
gib	. Length of stay	v in Baltimore	lehe.	Yrs. Mos. Days	D. STREET ADDRI	SS (If rural giv	re location)	
and and	male	while	WIDOWED DIVO	ED. DRCED (Specify)	Dec 26	1879 last	birthday) Mont	der i Year hs: Days Hours Min.
0	rk done during most of we	orking life, even if retired)	Hospel	HOUSTRY	11. BIRTHPLACE (intry) 1	2. CITIZEN OF WHAT COUNTRY?
rma deat	3. FATTER'S NAI	lernord	a. u	nger	14. MOTHER'S MA	4 Ho	enig	
of info	es, no or uokoowo)	EVER IN U.S. ARMED I (If yes, give war or dates o		CURITY NO.	Mes Vinge	na Rey	ne 209	n Corte
tem of i	18. 442	OR CONDITION D	IRECTLY	CAUSE	OF DEATH			INTERVAL BETWEEN
Every item write the cau	(This does no heart failure,	EADING TO DEATH of mean the mode of asthenia, etc. It means implication which can	dying, e.g., (a the disease,	Cerela	al Henov	haze		48 hours
	1A	NTECEDENT CAUSE	s	arter	isa clarata (Cardiavos	enlar	5 mo-
NG INK. is: please	RISE TO THE	OR CONDITIONS, IF ABOVE CAUSE (A) S IG CONDITION LAS	TATING THE DUI	E TO - R	eral Disea	se		
UNFADING Physicians: 1 CERTIFICAT	OTHER SIG	II NIFICANT CONDIT		c)		.,,	a	
Phys	TRIBUTING T	O THE DEATH, BUT N	OT RELATED CAUSING IT		ATION			20. AUTOPSY?
WITH rtant.	19A. DATE OF		B. MAJOR FINDIN	ALC: NO PA		76 - D-1		YES NO
LY, WITF important.		(Specify)	218. PLACE OF I				umore City, giv	e exact location)
	21D. TIME (MO OF INJURY	onth) (Day) (Year) (Hour) 21E. INJ while at work	NOT WHILE	ED 21F. HOW DIE	NJURY OCCU	R?	
TE PL especia	22. I hereby certify that I attended the deceased from Opil 2, 1947 to Upil 29, 1950 that I last saw the deceased alive on Opil 219, 50, and that death occurred at 11 5 m., from the causes and on the date stated above.							
VRI e is	23A. SIGNATU	nael Ke	sen	м. D.	2413E	Monume 1 240. LOCATIO	12to	23c. DATE SIGNED 4/29/50 require) (State)
AS aget a	14A. BURIAL, CRI ION, BEMOVAL (Spe	Man 3	150 Hol	Real Real	RY OR CREMATORY	Ba	LE LOWII, O	recursey (State)
	MAY 9 - 10	R	SIGNATURE	linere Ald	25. FUNERAL DIF	timed h	forme 2	008 alem
	VS 150	- 1 119	The TON	442	92			1310



fully supplied.

UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and leg

PLEASE RITE PLA IY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4036 Registered No.

BIRTH NO.								
1. NAME OF D (Type or Print)	DECEASED				2. DATE			
(13pe of 11int)	Robert	Klein				1 28, 1950		
	DEATH: City, Maryland 31	03 Berk	shire Road	4. USUAL RESIDER	NCE (Where deceased lived, I			
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in nospit	al or institut	ion, give street address or location)	c. CITY OR TOWN Baltimor	(If outside corporate limi	ts, write RURAL and give township		
70								
c. Length of s	stay in Baltimore		Yrs. Mos. Days		rkshire Road	•		
5. SEX	White		E. MARRIED. /ED, DIVORCED (Specify) .ed	8. DATE OF BIRTH May 31, (186	1865 9. AGE (In years last birthday) M	if Under I Year II Under 24 Hours on the Days Hours Min.		
10A. USUAL OC work done during most	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Produce (Prod	uce	Baltimor				
13. FATHERS	NAME			14. MOTHER'S MAI	DEN NAME			
George	e P. Klein							
15. WAS DECEAS	ED EVER IN U.S. ARMET	D FORCES?	16. SOCIAL	17. INFORMANT	A	ADDRESS		
O	(11 3es, give war or date	s of service)	SECURITY NO.	Mrs Cather	ine Klein 3103 B	erkshire Road		
					Into Miletin Oldo D	INTERVAL BETWEEN		
18. 42	1,1		CAUSE	OF DEATH		ONSET AND DEATH		
DISEA	SE OR CONDITION							
(This doe	LEADING TO DEA	of dying, e.	g., (A) Parap	legia. Cere	s 3 yrs.			
heart failt	ure, asthenia, etc. It mea complication which	ans the disea:	e,	rioscleros:				
mjury or	complication which	caused death	n) DOE TO AL C	I I ONC LCI ON.	1.13	A MARIE AND A STATE OF THE PARTY OF THE PART		
	ANTECEDENT CAUSES							
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING					5 yrs.		
RISE TO	THE ABOVE CAUSE (A)	STATING T	HE DUE TO					
UNDERL	YING CONDITION L	AST.						
Ĕ			. Aorti	c regurgita	ation	5 yrs.		
F	II					7 - 7		
H TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ŁD .					
1 19A, DATE O	OF OPERATION 1	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
₹						YES NO		
HOMICIDE	ENT, SUICIDE. (Specify)	218. PL. about home,	ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e	n or 21c, WHERE DI		give exact location)		
Z 21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
OF INJURY			WHILE AT NOT WHILE					
		m.	WORK AT WORK					
22. I herel	22. I hereby certify that I attended the deceased from Nov. 13. , 19 47to April 28, 1950 that I last saw the							
deceased a	live on April 2	719 50.	and that death occur	red at 6 P. m.	from the eauses and on	the date stated above		
23A. SIGNA		2 ~ 1	2	3B. ADDRESS		23c. DATE SIGNED		
	-X leberth	Same	Thrould. D.	1613 h.Nor	th Ave.	4-29-50		
24A. BURIAL. TION, REMOVAL (CREMA- Specify)	1	24c. NAME OF CEMETE		240. LOCATION (City, town	n, or county) (State)		
Buriel		1950	Loudon Park		Baltimore			
DATE RECEIVE		E	1111 1650 1	25. FUNERAL DIRE	CTOR	ADDRESS		
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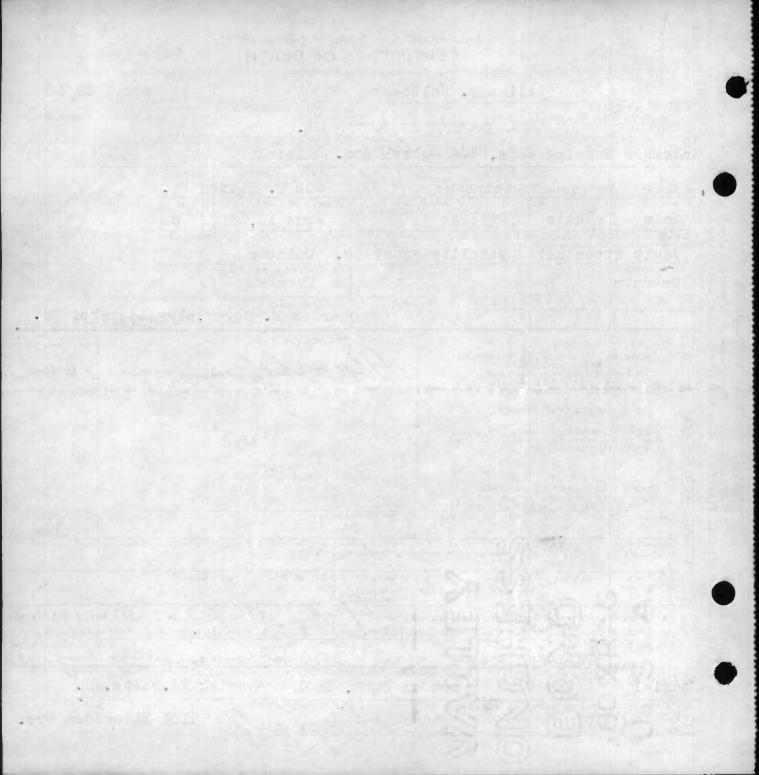
	EALTH DEPARTMENT	KIJ CF /
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.—	
1. NAME OF DECEASED	2. DATE	
(Type or Print) William B. Holbrook		29/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution and STATE B. COUNTY	ution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address on HOSPITAL OR location)	\ [
nderson Nursing Home, 3604 Mohawk Av	C. CITI ON TOWN (11 butside dornorate innits, STI	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Unknown Mos. Days		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years last highday) Months	Year If Under 24 Hours
Male White Widower Specify	oune 10,1007 oc	
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY:
Vault Attendant Fidelity *rust C	o. Unknown	
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRE	ss
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	harles H. Cover, 619 Aldersh	
18. 49/X , CAUSE	OF DEATH	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		11 0
(This does not mean the mode of dying, e.g., (A)	ronchopneumona	/ week
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		•••••
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
«		YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		xact location)
Z	RED 21F, HOW DID INJURY OCCUR?	
OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	pril , 1977, to april 29, 1950, the	at I last sam the
deceased alive on 429, 1950, and that death occu		
	23B. ADDRESS 23	c. DATE SIGNED
X. a. Lally M.D.		may 1 195
24A. BURIAL, CREMA- 24B. DATE	ERY OR CREMATORY 24D. LOCATION (City, town, or con	unty /(State)
Burial (Specify) May 2/50 Loudon Park	, 3801 Frederick Rd.Balto.M	d.
DATE RECEIVED BY REGISTRAR'S SIGNATURE		DRESS
LOCAL REGISTRAR	perry Haritile 4101 Edmond	son Ave.

LE FUNERAL DIRECTOR 4101 Edmondson

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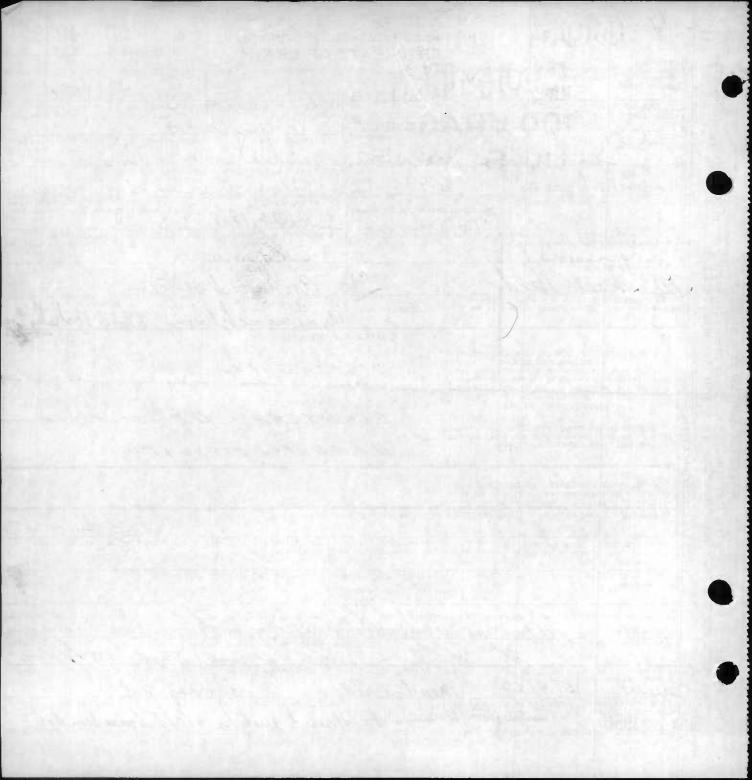
BALTIMORE CITY HEALTH DEPARTMENT

50 4038

	CERTIFICATE OF DEATH Registe	ered No
	1. NAME OF DECEASED (Type or Print) Theresa Schlining OF DEATH	5/1/5 x
	3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTAIN B. COUN	
	B. FULL NAME OF (If not in hospital or institution, give street address or Mayland	e limits, write RURAL and give
	40 St. Agnes Hospital Ballmore. Yrs. O. STREET ADDRESS (If rural, give location	77.0
	c. Length of stay in Baltimore 62 Mos. Days 1926 Parkel	ly quenue
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In year last birthday) 1 as the state of birthday 1 as the	ars of Under 1 Year of Under 24 Hours y) Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work does during most of working life, even irretired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	
	Michael Held Roma Soetzer	V
	(Yes, oo or uokoown) (If yes, give wer or dates of service) 16, SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	1926 Partale le
	18. 260 X CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	STATE OF ALL
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
	ANTECEDENT CAUSES	
	Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) BILLATEMBL BILONO	ELO PUEDMONIA
1	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	US
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., io or lower, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore (about home, farm, factory, street, office bldg., etc.) [NJURY OCCUR?]	City, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
		1983, that I last saw the
	deceased alive on 5/1, 1950. and that death occurred at 3 12 m., from the causes and	on the date stated above.
	23A. SIGNATURE 2. Alex M. O. 23B. ADDRESS	23C. DATE SIGNED
	24A. BUDYAL, CREMA- 24B. DATE 110N. REMOVAL (Specify) 240. LOCATION (City,	town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	1
14	LOCAL REGISTRAR LOCAL REGISTRAR AV 2 - 150	I mailson der

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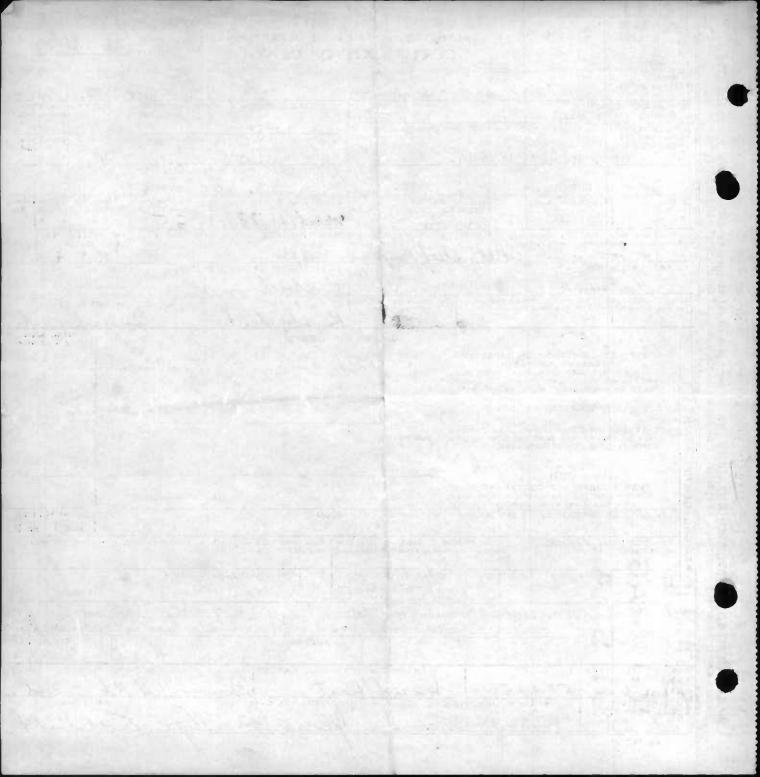
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039	BALTIMORE			

AS CERTIFICATE OF DEATH

50	1000
Registered No	4039

BI	RTH NO.						
1. (T	NAME OF D	ECEASED	0	n		2. DATE OF	
			lor	Farces		DEATH April	29, 1950
A.		City, Maryland			4. USUAL RESIDENCE (
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate limits, w	
4	11 5	t. Joseph's	Hospita	1	Baltimore	2-60-0	7 township)
				Yrs.	o. STREET ADDRESS (If	rural, give location)	
c.	Length of s	tay in Baltimore		35yr. Mos. Days	406 S. Mac	on Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		er 1 Year II Under 24 Hours
1	Male	White		lowed	March 16-1885	last birthday) Month	Days Hours Min.
10	A LISUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF
orl		working life, even if retired)	Bit	THE HIDUSTRY	Romania		WHAT COUNTRY?
13	FATHER'S	IAME	Tun a	steel Ambany	14. MOTHER'S MAIDEN N	IAME	(D, A
	11	(manufacture of the		0	6/ /		
15	WAS DECEASE	D EVER IN U. S. ARMEI	FORCES	I 16. SOCIAL	unknow	w	
Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	ADD	RESS
					Karroly Janks	r Seve	son med,
	18. 4/2	A. 1.		CAUSE	OF DEATA		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		1 0		ONGE! AND DEATH
	(This does	LEADING TO DEA	TH	a leu	le Coronan	Thrombous	
	heart failu	re, asthenia, etc. It mea	ins the diseas	se.			***************************************
	injury or	complication which	caused death	.) OUE TO			Market Bridge
		ANTECEDENT CAUS	SES				16AU 16A
Z	DISEASE	S OR CONDITIONS, 1		(B)	***************************************	*******	***************************************
ATIO	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE OUE TO			
ZA	UNDERL	YING CONDITION LA	AST.				
RTIFIC		125		(C)			
E	OTHER 6	II SIGNIFICANT COND	ITIONS and			4	
1	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED Paule	Pulmona O	redone	
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
L	ISA. DATE C	POPERATION	98. MAJOR	FINDINGS OF OPER	ATTON		YES NO X
Ü	21A ACCIDE	NT, SUICIDE,	1 218 PL /	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	If in Baltimore City, give	
EDICA	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	ii iii baitimore crty, grve	chact location)
ME							
Œ	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT NOT WHILE			
-	22. I hareh	u certifu that Latt		deceased from 4	- 29 1950 to 9	4-29 1950+	hat I last saw the
	deceased al		10 (7)	and that death access	rred at 2.10 Am., from	the causes and on the	date stated above
5	23A. SIGNA		_, 13		3B. ADDRESS		3c. DATE SIGNED
n		< /	1/ /	Luan	St don	only Hors of	4-29-50
2	A. BURIAL, (REMA- 24B. DATE	1.	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)
	N. REMOVAL (S		A .	8 /11	+ 41	11:11 01	2.1
1	Junal	13/2/	50	Jacred / Ye	arl Veler	man Hell Rd	my c
	ATE RECEIVE		SSIGNATU	JRE	25. FUNERAL DIRECTOR	nn A	DDRESS
NA	AY 2 - 195	1 Thurston	uston /	Miguels, Alis	John & Conn	elly Esse	1 21, ml
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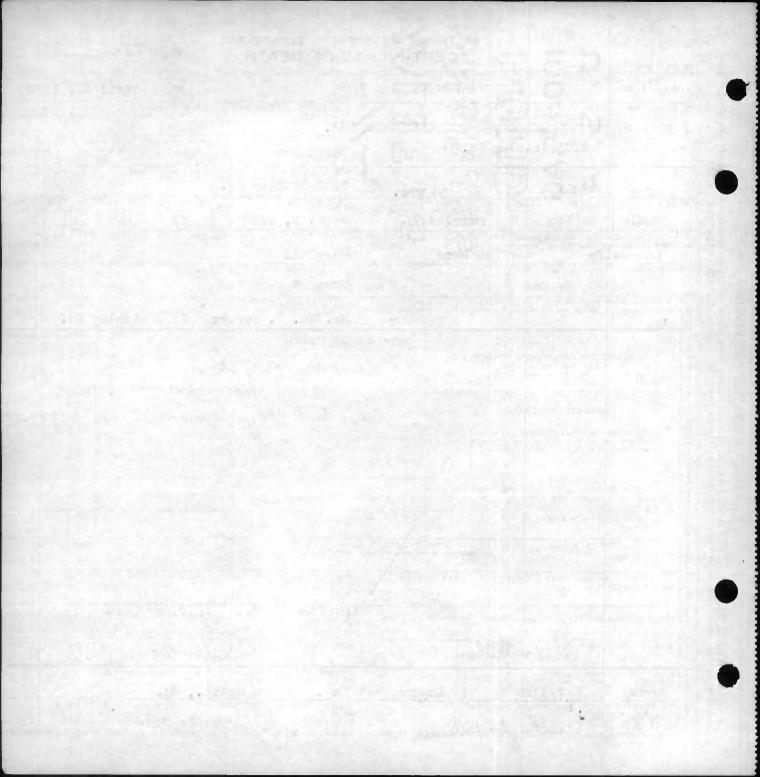
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4040

50 4040 Registered No.

BIRTH NO.	23 to 3 (25) (11)	OERTH 10	DATE OF BEATTI		
1. NAME OF I (Type or Print)		ULINE ROGERS		2. DATE OF Apr	il 30, 1950
	City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution : residence ··before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	of (If not in hospit 3203 Stan)	al or institution, give street add		If outside corporate limit	s, write RURAL and give township
c. Length of	stay in Baltimore	20 yrs.	Yrs. D. STREET ADDRESS (Mos. Days Stanley Rd.		
5. SEX female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (married	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hours on the Days Hours Min.
10A. USUAL OC work done during most housev	CCUPATION (Give kind of of working life, even if retired) Vife		OR 11. BIRTHPLACE (State or JSTRY Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME Barnes		14. MOTHER'S MAIDEN	NAME	
15 WAS DECEAS	ED EVER IN U. S. ARMED	FORCES LAG COCIAL			
(Yes, no or unknown)	(If yes, give wer or deter	of service) 16. SOCIAL SECURITY	Mr. Wm. H. Roger		ley Rd.
Z DISEASE RISE TO UNDERLU OTHER TRIBUTIN TO THE UNDERLU TRIBUTIN TO THE UNDERLU T	ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) LYING CONDITION LAST CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)	Essential Hyper	Turan	Eyro.
ZAL					YES NO
HOMICIDE	ENT. SUICIDE. (Specify) (Month) (Day) (Year)	WHILE AT NOT	ice bldg., etc.) INJURY OCCUR?	(If in Baltimore City,)	give exact location)
	live on april 2	ended the deceased from 2, 19 50, and that death	cocurred at 80 m., from		that I last saw the date stated above
	aller		0. 2302 asmo	when the	5/1/50
24A. BURIAL. TION, REMOVAL (Burial	Specify) 5/3/50	Loudon P	Park Cem. Bai	LOCATION (City, town	
DATE RECEIVE	BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	Tener Hous	pull Md
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RESE	INK.	please
MARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK. Every item of information should be	important. Physicians: please write the causes of death clearly and legibly.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HELEN M. KRONEBERGER OF Apr. 30, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION 1845 W. Lexington St. Baltimore Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) female white married Feb. 10, 1895 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired INDUSTRY Housewife at Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Kerns Mary Gorman 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mr. Charles Kroneberger no CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

(If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 1845 W. Lexington St.

8. DATE OF BIRTH 9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS ton St. 1845 W. Lexing-INTERVAL BETWEEN ONSET NO DEATH ANTECEDENT CAUSES NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFICA (C) -11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK AT WORK

, 1948 to april 30 22. I hereby certify that I attended the deceased from Januar . 19 50 that I last saw the deceased alive on the 30 1950 and that death occurred att 8:15 P.m. from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE	us C-	Gluck
24A. BURIAL, CREMA-	24B. DATE	24c. NAME

24D. LOCATION (City, town, or county)

Balto. Md.

Burial Baltimore National Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

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before admission)

LOCAL REGISTRAR

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MAKGIN RESERVED FOR BINDING	VRITE PL. LY, WITH UNFADING INK. Every item of information should be fully supplied	age is especially important. Physicians: please write the causes of death clearly and legibly.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary Katherine Bowler 4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN HOSPITAL OR location (If outside corporate limits, write RURAL and give MONSTENDENCHEN Reltimore St. Joseph's D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 908 Walnut Avenue 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 9. AGE (In years | fl Under | Year | fl Under 24 Hours last birthday) | Months; Days | Hours: Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 24 Hours Dec. 24, 1889 widowed 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Virginia Housewife r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Spittle Louise Posev 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no no Mrs. George Link 1928 Ramblewood Rd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH erebral kemerkage hypertinum DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDIC 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from April 28, , 1950 to April 29, , 1950, that I last saw the deceased alive on April 29, 1950, and that death occurred at 5:50p.m., from the causes and on the date stated above. 23A. SISNATURE 23B. ADDRESS 23c. DATE SIGNED dumsky madeleus M. D. 11100 N. Caroline St. 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Loudon Park Cem. Balto. Md. 5/3/50 Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

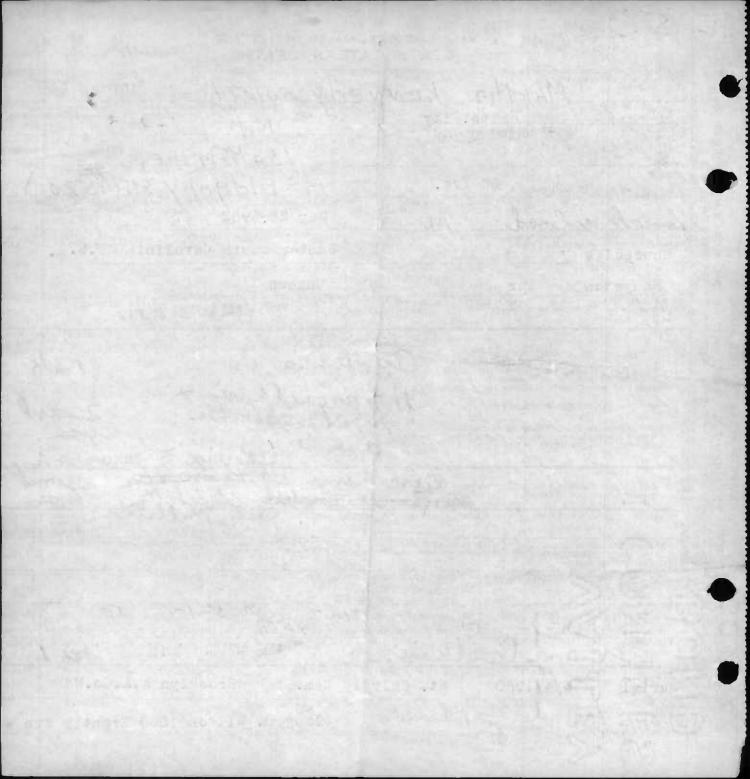
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Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Anderson Nursing Home 1 Ocation) 3604 Mohawk Ave. Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Widowed Sep A. USUAL OCCUPATION (Give kind of toboed wring moet of working life, even if retired) None May 14. May 14. May 15. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN OUR SEC	Y OR TOWN (If outside corporate limits, write timore EET ADDRESS (If rural, give location) PAGE (In years last birthday) Solution (It will be last birthday) E OF BIRTH Solution (It will be last birthday) Solution (It will be la	RURAL and give township) But II Under 24 Hours ays Hours Min. TIZEN OF HAT COUNTRY
PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) O 3604 Mohawk Ave. Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. MIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Givekindof deduring moet of working life, even if retired) None Mar John D. Moulton WAS DECEASED EVER IN U. S. ARMED FORCES? In SECURITY NO. Mr	JAL RESIDENCE (Where deceased lived. If institute B. COUNTY Y OR TOWN (If outside corporate limits, write timore EET ADDRESS (If rural, give location) OI Roland Ave. E OF BIRTH 9. AGE (In years lit Under I ve last birthday) I Striplace (State or foreign country) I Clivel Address Maiden Name Garet Owens FORMANT ADDRESS Seymour O'Brien 3943 Canter	RURAL and give township) But II Under 24 Hours ays Hours Min. TIZEN OF HAT COUNTRY
Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or Depital OR Anderson Nursing Home 3604 Mohawk Ave. Length of stay in Baltimore Mos. Days SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) female white Widowed September 108. KIND OF BUSINESS OR INDUSTRY None 114. Mr. LENGTH OF MOULTON (Give kind of idone during moet of working life, even if retired) None Martin Department of Moulton Martin Or Industry (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. Mr.	PY OR TOWN (If outside corporate limits, write timore let ADDRESS (If rural, give location) of Roland Ave. E OF BIRTH 9. AGE (In years limits) Months: Dr. 25, 1868 81 12. CI'WI will be the country of	RURAL and give township) But II Under 24 Hours ays Hours Min. TIZEN OF HAT COUNTRY
C. CITUTION 3604 Mohawk Ave. Length of stay in Baltimore Mos. Days Length of stay in Baltimore To Sex 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed Sep A. USUAL OCCUPATION (Givekindof doneduring moet of working life, even if retired) None Maryla. FATHER'S NAME John D. Moulton Mar 16. SOCIAL SECURITY NO. Mr	Y OR TOWN (If outside corporate limits, write timore timore left Address (If rural, give location) Property of the timore left Address (If rural, give location) Property of the timore left and the limits of the	township) Il Under 24 Hours ays Hours Min. TIZEN OF HAT COUNTRY
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Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Givekindof Idone during moetof working life, even if retired) None John D. Moulton Was DECEASED EVER IN U. S. ARMED FORCES? In SECURITY NO. Mr	PROLAND Ave. Se OF BIRTH S. 25, 1868 SI STHPLACE (State or foreign country) THER'S MAIDEN NAME Garet Owens FORMANT Seymour O'Brien 3943 Canter	AYS HOUTS Min. TIZEN OF HAT COUNTRY
female white widowed Separation (Givekindof kodenduring moet of working life, even if retired) None May 108. KIND OF BUSINESS OR INDUSTRY May 14. Mr. John D. Moulton Mar 16. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. Mr.	last birthday) Months Discrete State or foreign country) 12. Cl. Will Discrete State or foreign country) 12. Cl. Will State Owens FORMANT ADDRESS Seymour O'Brien 3943 Canter	AYS HOUTS Min. TIZEN OF HAT COUNTRY
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A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) None FATHER'S NAME John D. Moulton WAS DECEASED EVER IN U. S. ARMED FORCES? In or unknown) (If yes, give war or dates of service) Mar 16. SOCIAL SECURITY NO. Mr	ther's maiden name garet Owens FORMANT ADDRESS Seymour O'Brien 3943 Canter	HAT COUNTRY
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n, no or unknown) (II yes, give war or dates of service) SECURITY NO.	Seymour O'Brien 3943 Cante	
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	Live	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Sourchie heart discuss	2 yen
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Im	3 m,
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		O. AUTOPSY?
	URY OCCUR? (If in Baltimore City, give exa	ct location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21D WHILE AT WORK AT WORK	F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from / - / -	, 1930, to 5-1, 1950, that	I last saw the
deceased alive on 5 - / , 1950, and that death occurred at		
23A. SIGNATURE 23B. AD		DATE SIGNED
Howard St. Marmer M.D. 2	604 Garrin My 5	2-57
AA. BURIAL CREMA 246. DATE 24C. NAME OF CEMETERY OR CON, REMOVAL (Specify) Burial 5/4/50 Cathedral Ceme		V II.
	Balto., Md.	FSS .
OCAL REGISTRAR	n. J. rekner & Sms. B	altoma
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-	50 4044 BALTIMORE CITY HE							
В	BIRTH NO. CERTIFICATE OF DEATH							
(NAME OF DECEASED MArtha Kenne	dv 531274 2. DATE OF MAY 1 - 1950						
3	PLACE OF DEATH: Baltimore City, Maryland Balto City	4 USUAL RESIDENCE (Where deceased lived, If institution : residence a. STATE COUNTY before admission						
В	FULL NAME OF (1) The bospital or institution, give street address or OSPITAL OR location)	Md. 1-00						
III	NSTITUTION	c. CITY OR TOWN If outside corporate limits, write RURAL and glv township						
	Yrs.	o. STREET ADDRESS (If rural, give location)						
-	Length of stay in Baltimore 30 Yrs. Mos. Days	M. E Eldenny St. (1520) 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year Il Under 24 Hour						
	lemale colored WIDOWED, DIVORCED (Specify)	May 25, 1902 47 birthday) Months Days Hours Min						
Wo	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife	Sumter South Carolinia U.S.A. COUNTRY						
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	Hauston Aur 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Unkown						
(Y	(If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT HIS ROPALS HOSPITAL						
	18. / 7 / X CAUSE	OF DEATH INTERVAL BETWEE						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	emia 1						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	740/5						
	injury or complication which caused death.) DUE TO	ronephrons. +						
1	ANTECEDENT CAUSES	No implantis soven						
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ITAX	UNDERLYING CONDITION LAST.	7 40						
FIC		CONTRACTOR CONTINUEDINA						
RTI	OTHER SIGNIFICANT CONDITIONS CON.	ma of the sent						
빙	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	matter charles ma.						
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER							
	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., i	YES NO nor 21C. WHERE DID (If in Baltimore City, give exact location)						
ED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,							
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE M. AT WORK							
	22. I hereby certify that I attended the deceased from 3-	12 - 1950, to 5-1- , 195 Qthat I last saw th						
	deceased alive on 3 - /-, 1930, and that death occur	rred at 45-01., from the causes and on the date stated abov						
	23A. SGRATURE (URING)	38. ADDRESSIES HOPKIES HOSPITEL 330. DATE SIGNE						
7 T	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 5/4/1950 Mt. Calvery							
[OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS						
	MAY 2 - 1950 stutiston Milliaulis ME	Elroy O. Wilson IOOO Brantly Ave						
	VS 150	4×a						



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P-	323	50
O)	BIRTH NO.	

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 4045

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BIRTH	NO.	CERTIFICAT	E OF DEATH	Registered No	0
1. NAM (Type or	r Print) FRAN	NZ POTTE	HAST	2. DATE OF DEATH ADri	1 30, 1950
A. Balt	CE OF DEATH: cimore City, Maryland		4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived. If in B. COUNTY	nstitution : residence before admission
	TAL OR	tal or institution, give street address of location Square Hospital		If outside corporate limits,	write RURAL and giv
c. Lens	gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I 1307 Hollins	Street	Inder I Year If Under 24 Hou
Ma Ma		WIDOWED, DIVORCED (Specify	AUG. 6-1887	9. AGE (In years last birthday) Mont	ths Days Hours Min
CABI 13. FAT	SUAL OCCUPATION (Give kindo during most of working life, even if retired NCT MAKER THER'S NAME	(10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or GERM ANY 14. MOTHER'S MAIDEN N		2. CITIZEN OF WHAT COUNTRY
15. WAS	S DECEASED EVER IN U, S. ARME r unknown) (If yee, give war or dat	os of service) 16. SOCIAL SECURITY NO. 216-09-0344	Nilliam Porthas	17-924 N. CAR	DRESS RLES ST
NO E	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode neart failure, asthenia, etc. It me njury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	ATH of dying, e.g., ans the disease, caused death.) SES (A) ASphy DUE TO (B)	yxiation due to c poisoning	arbon monoxide	
Lil T	II OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELATED N CAUSING IT.			
	DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		YES NO
111	EXTERNAL CAUSE WAS MARY OR CONTRIBUTING DEATH. TIME (Month) (Day) (Year	Home	1307 Holli		ve exact location)
OF	ril 30, 1950	? m. WHILE AT NOT WHILE AT WORK		on stove on bu	t unlit
22.	the evidence obtained by	rye of the remains described said Autopsy, Inspection or resulted from: natural cause	Inquiry, find that said of	deceased died on the	thercon and from day stated above determined .
	SIGNATURE 21	Pulmela .	238. CHIEF MEDICAL ASSISTANT MEDICAL A.D. MEDICAL INVESTIGA	EXAMINER	-150
1301	EMOVAL (Specify) RIAL SPECIFICAL SPECIFICATION SPECIFICAL SPECIFICATION SPECIFI	So New CAThedia	ERY OR CREMATORY 24D. I	Frederic	r county) gre (State) ALTIM GREEN ADDRESS
LREAY	PROJECT	'S SIGNATURE		, // /.	ADDRESS

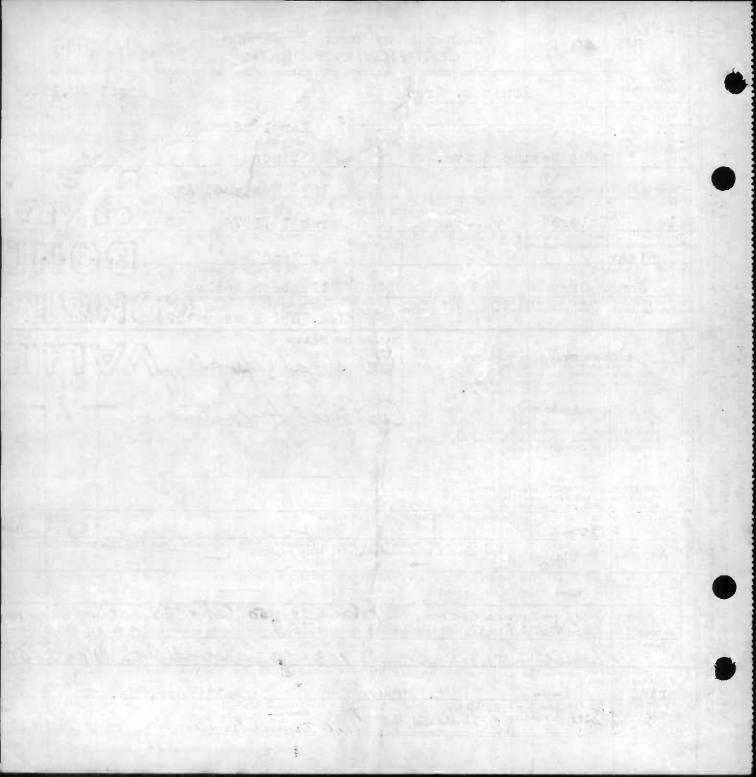
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4046

NAME OF DECEASED 2. DATE (Type or Print) Louis E. Gray April 30.1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY Martlandtwodd B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, waite RURAL and give INSTITUTION township) 1624 Westwood Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1624 Westwood Ave Dave 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In year) If Under I Year If Under 24 Hours | last birthday) | Months | Days | Hours | Min. Male Colored March 13,1876 Marriedy 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s Janitor Maryland U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Grav Elizabeth Parker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. Mrs. Sarah Gray 1624 Westwood Ave. CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL mportant. non (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from March 20, 1950 to Chr. 29, 1950 that I last saw the deceased alive on Chr. 29, 1950, and that death occurred at 7.50 C.m., from the causes and on the date stated above, 234-SIGNATURE 23B ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 5-4-50 Auburn Cem Raltimore. DATE RECEIVED BY REGISTRAR'S SIGNATURE /25. FUNERAL DIRECTOR LOCAL REGISTRAR

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	BALTI	MORE CITY HE	EALTH DEPARTMENT		
BI	RTH NO.	ERTIFICAT	E OF DEATH	Registered No	
	NAME OF DECEASED	P ~	1 2.	DATE	
(T;	ppe or Print) MARY	J. Se			29-1950
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where	deceased lived. If inst	itution : residence before admission
В.	FULL NAME OF (If not in hospital or institution,	give street address or location)			
	STITUTION 1921 6 207	C	c. CITY OR TOWN (If outs	ide corporate limits, w	rite RURAL and gi- townshi;
12	1726 6. 981h	Yrs.	D. STREET ADDRESS (If rura)	, give location)	
_	Length of stay in Baltimore	Mos.	1926 6 20	76 St.	
-	SEX 6.COLOR OR RACE 7. SINGLE, N		8. DATE OF BIRTH 9.		r 1 Year In Under 24 How
-	emale WHITE WIDOWED	DIVORCED (Specify)	Teh 25-1861	last birthday) Months	Days Hours Min
	A. USUAL OCCUPATION (Givekindof) 108. KIND O	F BUSINESS OR	11. BIRTHPLACE (State or foreign	n country) 12	CITIZEN OF
)rk	done during most of working life, even if retired)	INDUSTRY	Balto Md.	Charles III	WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		. /
	JAMES E CAMPBE		Julia A. I	Jussey	4/
15 (es	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 po or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	20	21.0	MRS WM. SAbelus-	- 1926 8	28Th ST.
	18. 59 2 X	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1-		as cleary
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)	Corsemen ?		- 2 L.
1	injury or complication which caused death.)	DUE TO	Broncas Preumo	e de	
	ANTECEDENT CAUSES	0.0	and dearens of the	0011	14h
5	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	eur seerves y		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
2		- Che.	our Intersteles	nealy	142
RT	OTHER SIGNIFICANT CONDITIONS CON-	(C) O/OC		v organica	
CE.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		INDINGS OF OPER	RATION		20. AUTOPSY?
5	No				YES NO
		OF INJURY (e. g., i ,factory.etreet,officebldg.,		Baltimore City, give	exact location)
IA I	OLD TIME (March) (Day) (Vaca) (Hour) Otto	THE PROPERTY OF CHIPP	ED 21F. HOW DID INJURY OC	CUDA	
	OF INJURY	LE AT NOT WHILE		CORT	
	m. we	ORK AT WORK		2000 50	
	22. I hereby certify that I attended the de			rel 29, 198, to	
	deceased alive on 4111 4, 1950, an		rred atm., from the c	auses and on the c	ate stated abou
	SFa Stuve	N. D.	2818 Harfo	+ Ny	5-1-50
24		1111	RY OR CREMATORY 240. LOCA	TION (City, town, or	county) (State
He	Durial 5/3/50	New CA	THEdral Ba	ITO Ma	
	TE BECEIVED BY I DECIMED DIC CICNITURE		25. FUNERAL DIRECTOR	// AI	DDRESS /
	MAY 2 - 1950	lians, M. E.	L.J. Ruck = 53	05 Narto	ord Md.

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MARGIN RESERVED FOR BINDING

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Dr. STEVENS

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ADDRESS

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12. CITIZEN OF

H Under 1 Year

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before admission)

I II Unday 24 Hours

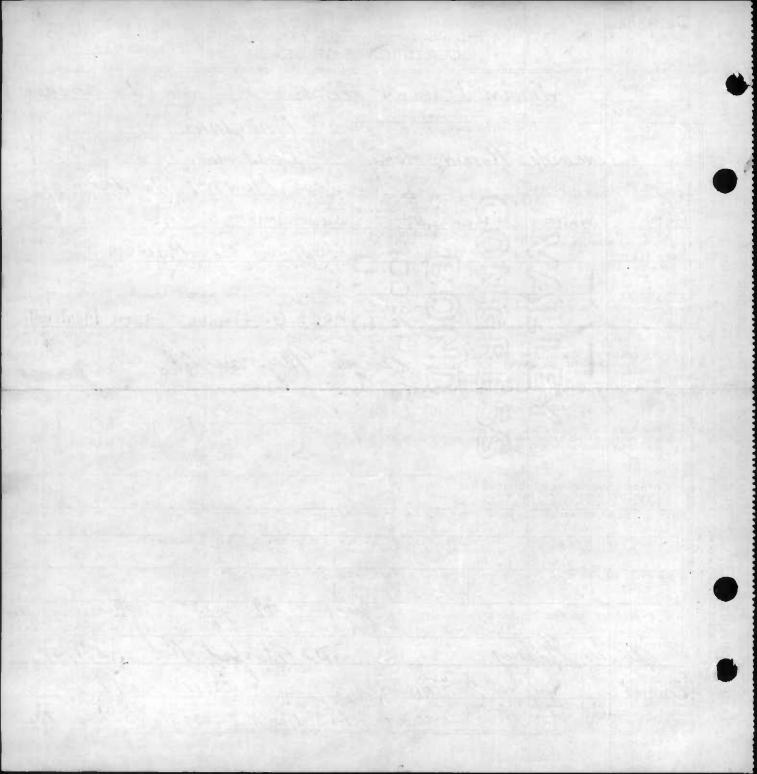
WHAT COUNTRY?

ONSET AND OFATH

20. AUTOPSY?

. that I last saw the

23c. DATE SIGNED



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4	efully su	ibly.
MARGIN RESERVED FOR BINDING	PLEASEWRITE PL. LY, WITH UNFADING INK. Every item of information should be sfully supplied.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERV	UNFADING INK. 1	Physicians: please w
	LY, WITH	important.
	PLEAS VRITE PLY	correct age is especially

1		50 4049	BA	CERTIFICAT		MENT Register	No. 4049
В	RTH NO.			CERTIFICAT	E OF DEAT	П	
	NAME OF DE	Florence 1	V Coch	ran		2. DATE OF DEATH AL	oril 30/50
	PLACE OF DE Baltimore C	ATH: ity, Maryland			A. STATE	ENCE (Where deceased lived B. COUNTY	d. If institution : residence
HIN	FULL NAME O OSPITAL OR ISTITUTION		al or institu York Ro	otion, give street address or location		(If outside corporate l	imits, write RWRAL and give township
11-	-	ay in Baltimore		65 yrsys. Mos. Days	4802 You		
	Female	6.COLOR OR RACE	Wido	LE, MARRIED, WED, DIVORCED (Specify DOW	Aug. 13, 1870	last birthday)	Months Days Hours Min.
1 C	Retired	CUPATION (Give kind of worklog life, even (fretired)	School	ID OF BUSINESS OR INDUSTRY ol Teacher		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	Zedekiah	F. Williams			14. MOTHER'S MA	ily Pathcall	
15 (Ye	WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Ed. I. Coch	nran 2941 Clift	ADDRESS
FICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEA not mean the mode or, asthenia, etc. It mes complication which ANTECEDENT CAUS GOR CONDITIONS, IN HE ABOVE CAUSE (A) ING CONDITION LA	TH of dying, e ons the dise caused dea SES F ANY, GIV STATING	Y (A) (B) Mess	enteric Ih	rombosis vonbosis	interval between onset and death 4/28/60 4/21/50 liese years.
CERTI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELA	ON.	ility		
AL	19A. DATE O	F OPERATION 1	9в. MAJO	R FINDINGS OF OPE	RATION &		20. AUTOPSY?
MEDIC		NT, SUICIDE, (Specify)		LACE OF INJURY (e. g., e,farm,factory,atreet,office bldg.			ty, give exact location)
	21D. TIME () OF INJURY	Month) (Day) (Year	(Hour)	WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
	deceased al.		cnded th	. and that death occu		P, to $\frac{4}{30}$, 1, from the causes and o	
	1 / / / / / / /	though In	homa	W. D.	4600 York		23c. DATE SIGNED
TI	ON REMOVAL (S) Burial	5 - 2 -		Greenmont	Cemetery		Ave. & North
D L	MAY 2	BY REGISTRAR	. for 1/1	//	1/1/1/1/1/	nell & Sons Inc.	-1900 Eutaw Pl.
	VS 150	year 1	Q	The state the ton	1900/Pioce	* Ryviewett	937

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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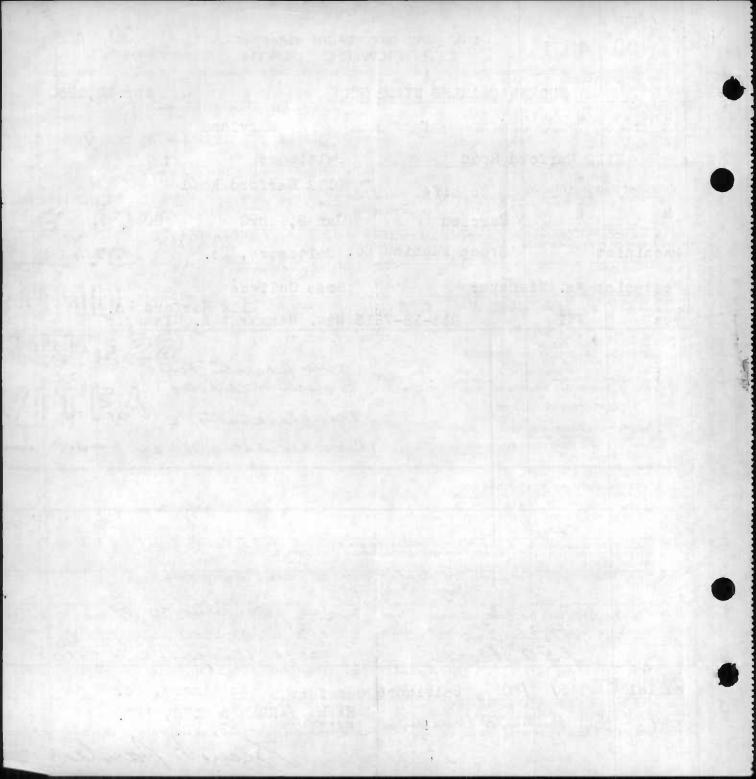
W	4	425 50 4050 BALTIMORE CITY HEALTH DEPARTMENT 50	4070	
he	13	CERTIFICATE OF DEATH Registered No	4050	
D.		. NAME OF DECEASED Type or Print) Harry Wilson 2. DATE OF May 1st,	1950	
plie	3.	B. PLACE OF DEATH:	tion : residence before admission)	
ins	В.	FULL NAME OF (If not in hospital or institution, give street address or	1. W	
fully supplied.	IN	NSTITUTION Baltimore, d 4-0	township)	
legibly.	c.	Yrs. Mos. Days Days D. STREET ADDRESS (If rural, give location) 1609 Eutaw, Place		
BINDING of information should be uses of death clearly and	5.	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) April 11, 1890 9. AGE (In years flunds Months: I	You M Under 24 Hours Days Hours Min.	
shou		tk done during most of working life even if retired)	ITIZEN OF HAT COUNTRY?	
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a nati	13	3. FATHER'S NAME	SC 179.78	
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BINDING of inform uses of des	(Ye	(es, no or unknown) (If yes, give war or dates of service) SECURITY NO. He was Handard		
		CAUSE OF DEATH	TERVAL BETWEEN	
FOR item		DISEASE OR CONDITION DIRECTLY	NSET AND DEATH	
the H		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	More 18 years	
Ever write		injury or complication which caused death.) DUE TO		
~	7	ANTECEDENT CAUSES	Mara Maria	
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PG .	C	TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?	
rt.	AL		YES NO	
LY, WITH important.	EDIC		act location)	
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
ally		OF INJURY WHILE AT NOT WHILE AT WORK		
PI. ecis			t I last saw the	
RITE PL		aeccasea give on production, 1900, and that death occurred at 32 pm., from the causes and on the day		
VRI is	1	23A. SIGNATURE 23B19778 ESSINGEN, Ave 23G	DATE SIGNED	
age	2	24a. EURAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or could be removed by the country state of	nty) (State)	
AS	111	burial 5 - 3 - 50 Baltimore National Baltimore, Md.		
PLEAS correct		DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY 2 - 1950 Thurtuator Williams All John 0. Mitchell & Sons, Inc 1900	RESS Eutaw Place	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

The 7	711 /115-1	HEALTH DEPARTMENT 50 TE OF DEATH Registered No	4051		
7	1. NAME OF DECEASED (Type or Print) EUGENE CHARLES NIEMEYE	ER 2. DATE OF Apr. 30	.1950		
plie	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst			
fully supplied y.	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR				
	0 2112 Harford Road	c. CITY OR TOWN (If outside corporate limits we Baltimore	township)		
fu olly.	Yrs	D. STREET ADDRESS (If rural, give location)			
le le	c. Length of stay in Baltimore Life Mos	s SIIS Hariord Road			
should be	6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Married)	Jan 8, 1890 9. AGE (in years last birthday) Months	B Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done during mont of working life, even if retired) Machinette Brush Machine Co		CITIZEN OF WHAT COUNTRY		
tion h cl	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	IOA		
NG rmati death	Frederick Wm. Niemeyer	Rose Geliece			
DI) info of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 2112 Harford Rappe	RESS		
R-BIN em of i		Mrs. Margaret A. Niemeyer	INTERVAL BETWEEN		
rOR.	DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	acicle Decaration Heart	2 44		
Every ite	injury or complication which caused death.) DUE TO	Brouchest askhud	5475.		
600	ANTECEDENT CAUSES	Bronchegolator	347		
N RESERVED NG INK. Every s: please write	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Brone Rescholie Carely	391.		
MARGIN F UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
PG	TO THE DISEASE OR CONDITION CAUSING IT.	FRATION	20. AUTOPSY7		
WITH rtant.	d Nov.		YES NO		
LY, WITH	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT WHILE	LE			
TE PL especia	22. I hereby certify that I attended the deceased from	They 22 1950, to aprel 30, 1950, ti	hat I last saw the		
RITE is esp	deceased alive on 230, 1950, and that death occ	23B. ADDRESS 2	3c. DATE SIGNED		
WH age i	9 4 a Stevens M.D.	010 000010111	5-1-50		
	TION, REMOVAL (Specify)		county) (State)		
PLEA. correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE		ODRESS		
P 00	MAY 2 - 1950 Thurtington Williams, MA	HENRY SANDER SONS, INC. AD	106B		

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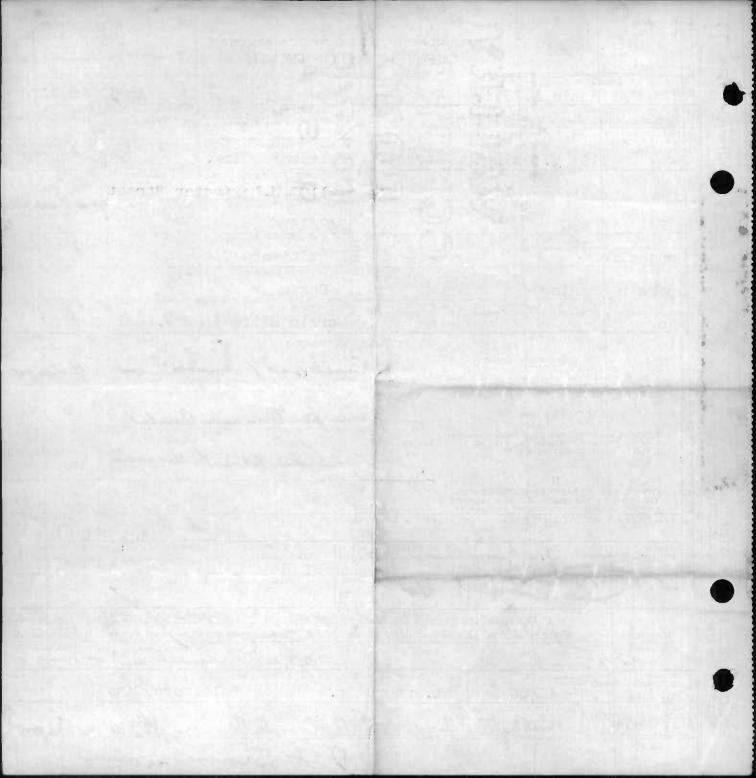
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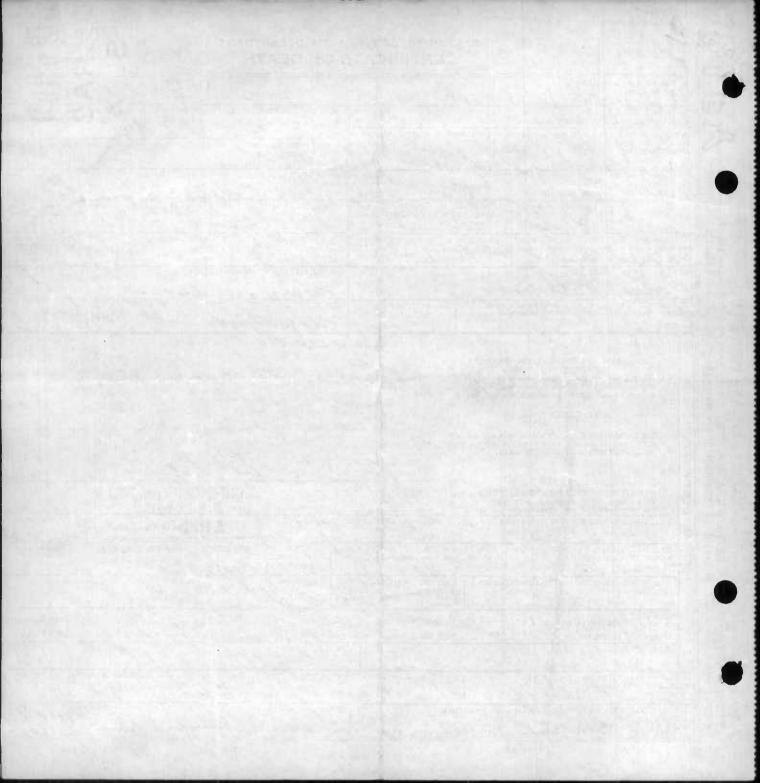
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he	В	IRTH NO.		CERTIFICATI	E OF DEATH	registered No.	
T	1. NAME OF DECEASED 2. DATE						
e c.		ype or Print)	Annie L.E	Cllis			29,1950
suppli		PLACE OF D	EATH: City, Maryland H	Raltimore	A. STATE Maryland	here deceased lived. If insti B. COUNTY	itution: residence before admission)
ins	В.	FULL NAME		al or institution, give street address or			
fully ly.	IN	OSPITAL OR		location)		outside corporate limits, w	rite RURAL and give township)
fu Iy.	0) 6	TTO3 M. Tex	ington Street	Baltimore, City		
2		Towardh of m	4 ' D-14'	Yrs. Mos.			
be d le		Length of S	tay in Baltimore	7. SINGLE, MARRIED.	1103 W.Lexin		I Year I II tinder 24 Hours
ldan		F	C	WIDOWED, DIVORCED (Specify)	3/2/1880	9. AGE (In years M Under Months	Days Hours Min.
on shou clearly	MOL)	A. USUAL OC k done during most of Housewil	(working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Baltimore Ci		CITIZEN OF WHAT COUNTRY?
information s of death cle	13	B. FATHER'S N	IAME		14. MOTHER'S MAIDEN NA	ME	
rma	5	Spencer	Stanley		Susan ?		
of	15 (Ye	MAS DECEASE	D EVER IN U. S. ARMEI	o FORCES? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT	ADDR	
of i		No		SECONTI NO.	Morris Ellis 1	103 W. Lexing	ston St
em of		18. W	12x.	CAUSE	OF DEATH		INTERVAL BETWEEN
ite ne c		DISEAS	E OR CONDITION	DIRECTLY	1. 1. 1166	0	
Every item write the cau		(This does	LEADING TO DEA not mean the mode re, asthenia, etc. It mes		erebrul /de.	week.	4 days
Ever			complication which	caused death.) DUE TO			
	Z		ANTECEDENT CAUS	SES /Q	y pertensen	i Cardi'l	
J INK.	TION	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) YING CONDITION L	F ANY, GIVING STATING THE DUE TO			
IN.	2			2	seedar Ren	O Deserve	
AD cia	RTIF	W. 1	H	(C)			
UNFADING Physicians:	CER	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			
н.	J			9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
WITH rtant.	CA	01: 100:00	NT CHICLE	Loss Blace of William (l ale Wilepe Dip (I	f in Baltimore City, give	YES NO
LY, WITI	(EDI	HOMICIDE	(Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		in battimore City, give	exact location)
1	2	21D. TIME	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
1 8				MHILE AT NOT WHILE WORK AT WORK			
re PL especia		22. I hereb	y certify that I att	tended the deceased from	pie 26, 1950 to a	pril 29, 195 0ti	hat I last saw the
TE		deceased at	ive on april	271950. and that death occur	rred at 7'30 an., from th	ne causes and on the d	late stated above.
WRITE e is esp		23A. SIGNA	TURES A		3B. ADDRESS		3c. DATE SIGNED
W. Be	2	4A. BURIAL.	REMA- 24B. DATE	M. D.	RY OR CREMATORY 24D. LO		county) (State)
100		on removal (S Borial	pecify) 5/3/50			timore City	
PLEA		ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		DRESS
PI	M	AY 2 - 19	50 Hunti	inton Volliance M. B.	Roland Bro	un 12320-	monte mai

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FOR RESERVED

ADDRESS ter. 305 Cherry to INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT (If in Baltimore City, give exact location) . 19 O that I last saw the . 19 50, and that death occurred at 12 Nom., from the causes and on the date stated above. 23c. DATE SIGNED 200 LOCATION (City town, or county) (State) ADDRESS

before admission)

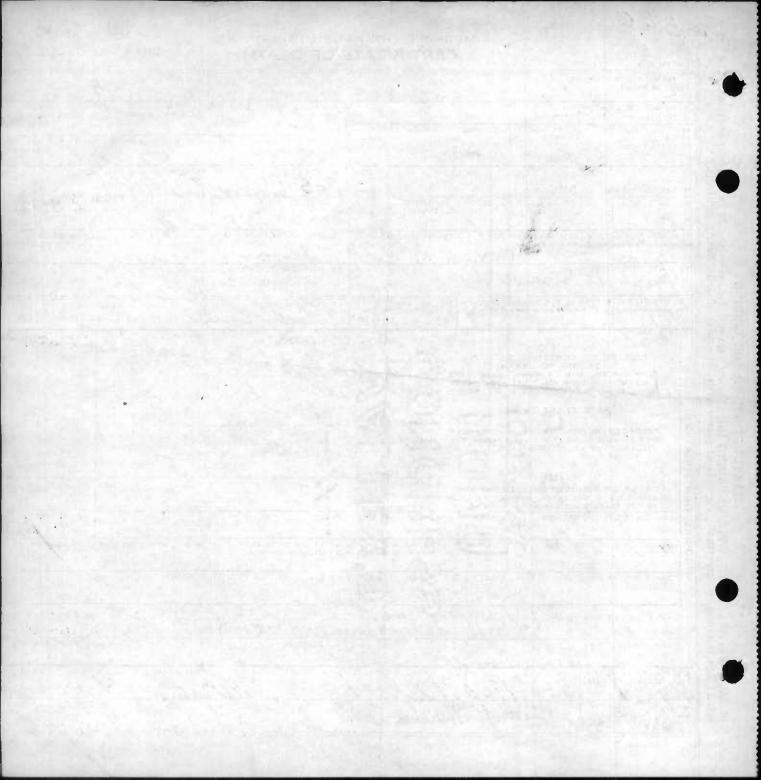
If Under I Year

12. CITIZEN OF

U. S.

WHAT COUNTRY?

township)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

G-		HEALTH DEPARTMENT 50 4056 TE OF DEATH Registered No.
D.	1. NAME OF DECEASED (Type or Print) Frederick William Green	2. DATE OF DEATH 5/1/50
sfully supplied	PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address to the control of the contr	
efully oly.	institution Maryland general Hospital	Baltimore township)
ld be effu	c. Length of stay in Baltimore	os. 907 Bennett Place
uld b y and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	1-21-1897 52
VDING information should of death clearly a	10A. USUAL OCCUPATION (Givekinduf) work dooeduring most of working life, even if retired) None Nor Nor	11. BIRTHPLACE (State or foreign country) Mary and 12. CITIZEN OF WHAT COUNTRY?
VG rmatic death	William Frederick Green	14. MOTHER'S MAIDEN NAME Annie Mahle
BINDING of inform uses of dea	(Yes, oo or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	17 INFORMANT
RESERVED FOR GINK. Every item please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pe Uromia y pertensive cartiovascular disease
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ebral orteros de oris de congesta
VITH tant.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF O 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office b	YES NO
LY, WIT	LYING OR CONTRIBUTING about home, farm, factory, street, office be CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	ldg.,etc.) INJURY OCCUR?
>	OF INJURY m. WHILE AT NOT WE WORK AT WO	IILE
TE PL.	22. I hereby certify that I attended the deceased from deceased alive on S - 1, 19.50 and that death of	
E WRITE age is esp	23A. SIGNATURE Marquerite Louisa Cadley 8: 24A. BUIAL, CREMA-1 24B. DATE 24C. NAME OF CEM.	23B. ADDRESS 23C. DATE SIGNED 5/1/50 ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
03	Burial 5/4/50 Lorraine C	em. Woodlawn Cem.
PLEA	MAY 2 - 1950 REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR LAND = Balto Md.
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ľ	00	ES-13136 ¹ 4057

BALTIMORE CITY HEALTH DEPARTMENT

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5U 4057 CERTIFICAT	E OF DEATH Registered No				
1. NAME OF DECEASED (Type or Print) Zeno Edwards	2. DATE OF DEATH 5-1-50				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Baltimore City Hospitals					
c. Length of stay in Baltimore 8 Yrs. Mos. Days	о. street Address (If rural, give Meation) 644 W. Fayette Street				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single Single	39 S. DATE OF BIRTH June 26, 1910 9. AGE (In years if Under 1 Year Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter House	11. BIRTHPLACE (State or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY?				
J. S. Edwards	14. MOTHER'S MAIDEN NAME Flora Woods				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 4940 Records* Baltimore City Hospitals Eastern				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	nary Tuberculosis				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	RATION 20. AUTOPSY?				
21a. ACCIDENT, SUICIDE. Characteristics about home, farm, factory, street, office bldg.					
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 8-26, 1949, to 5-1, 1950, that I last sar deceased alive on 5-1, 1950, and that death occurred at 12;29n. From the causes and on the date stated at 23A, SIGNATURE 23A, SIGNATURE 23B. ADDRESS					
Removal 5/2/50 DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAY 2 - 1950 VS 150	Winston Salem. N. C. 25. FUNERAL DIRECTOR Winston Salem. N. C. ADDRESS MI.				
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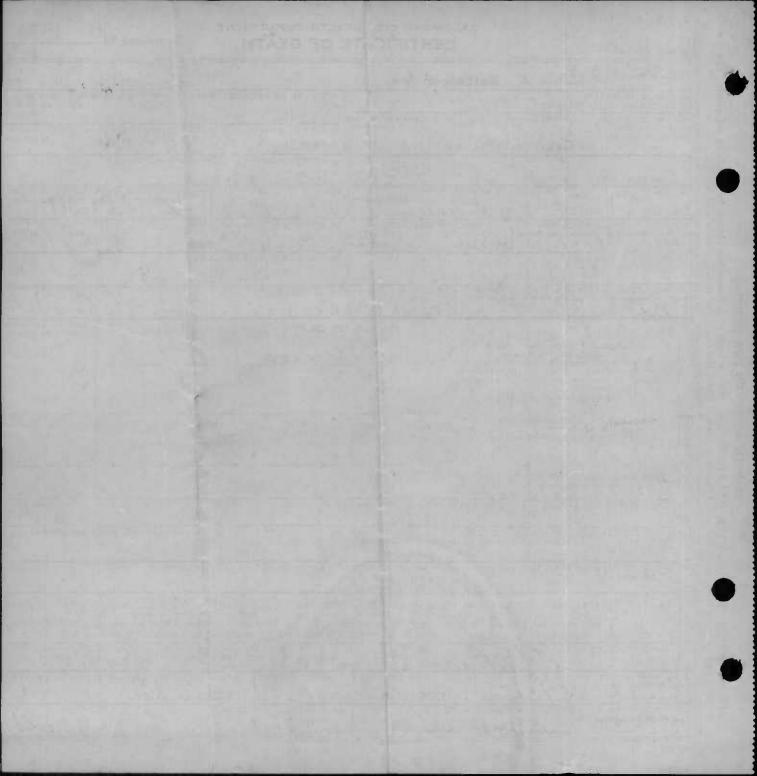
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

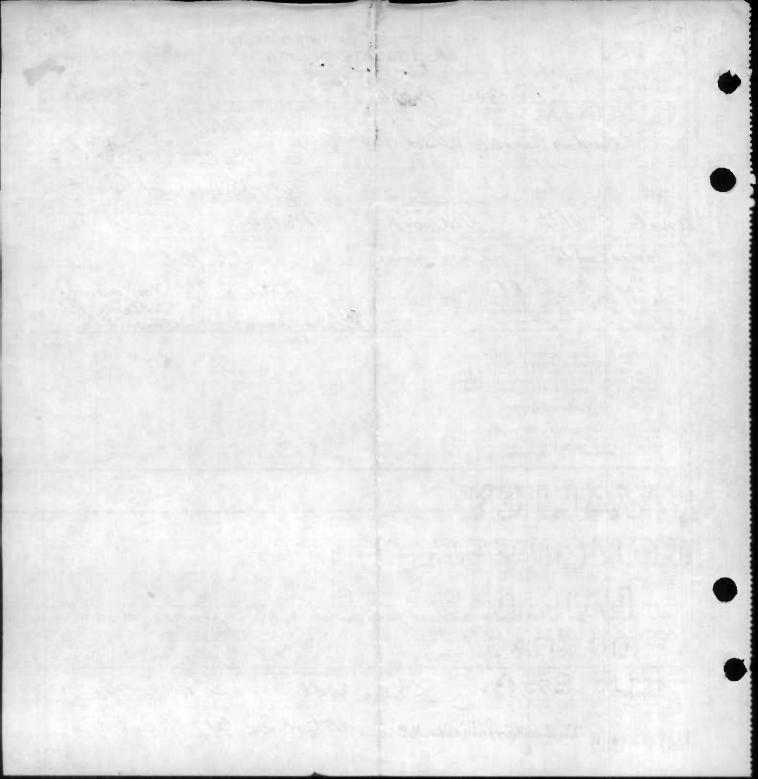
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	ype or Print) ALEX	ANDRIA	Walte	mver		OF April	29, 1950	
3.	PLACE OF DEATH:				4. USUAL RESIDENCE			
	Baltimore City, Ma				A. STATE	B. COUNTY	before admission)	
B. H	SPITAL OR	not in hospita	d or institu	tion, give street address or location)		If outside composets limits	A	
IN	STITUTION	land Gar	I Compa	Joenst to 1		If outside corporate limits	township)	
	mary	land Ger	ietat i	Vrs.	Baltimore		<u> </u>	
				Mos.	D. STREET ADDRESS (
	Length of stay in E			Days	1623 Linden A			
	emale whit	R OR RACE		E. MARRIED, VED, DIVORCED (Specify)	11-10-1899	9. AGE (In years in last birthday) Mor	-:	
10 wari	A. USUAL OCCUPATION done during monor of working life	ON (Give kind of ig, eyen if retired)	108. KINI		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
13	FATHER'S NAME	HOR V	yavig	ingers com	14. MOTHER'S MAIDEN	NAME	0218.	
	<u> </u>	ulsu	own		- Hu	Eurowa		
15 (Yes	. WAS DECEASED EVER I	N U.S. ARMED give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	, AL	DDRESS	
	no!			220-22-549	Sophia BAR	TELL 6264	1 Frayette H.	
	18. 331 X			CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR C	ONDITION	DIRECTLY	0.1				
	(This does not mea heart failure, asthen injury or complica	ia, etc. It mear	is the diseas	3e,	al hematoma			
	ANTECEDENT CAUSES							
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT	UNDERLYING CO	NOTION LA	51.					
5		11		(**)				
	OTHER SIGNIFIC		TIONS CO	N -				
ER	TRIBUTING TO THE	DEATH, BUT I	NOT PELAT	ŁD .				
ū	19A. DATE OF OPERA			FINDINGS OF OPER	ATION		20. AUTOPSY?	
اب		20					YES X NO	
EDICAL	21A. EXTERNAL CAUPRIMARY OR CONT. CAUSE OF DEATH.	SE WAS RIBUTING		ACE OF INJURY (e.g., i farm, factory, street, office bldg.,		(If in Baltimore City, gi	ive exact location)	
Σ	21D. TIME (Month) OF INJURY	(Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?		
	22 I contifu that	I tools about	no of 47		hone hald a	autopsy	41 7	
				remains described of	Autopsy	. Inspection or Inquiry	thereon and from	
	the evidence of and death in n	btained by a	said Autoresulted j	ppsy, Inspection or I from: natural causes	inquiry, find that said \Box , accident \Box , suicid	deceased died on the	day stated above, adetermined .	
	23A. SIGNATURE	R	SEL	sler · M	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	5, 1950	
24	N. REMOVAL (Specify)	SAB. DATE	0	24C. NAME OF CEMETE		LOCATION (City fown, o		
DA	TE RECEIVED BY F	REGISTRAR'S	SIGNATU		25. FUNERAL DIRECTOR	the Lake	ADDRESS O Leuse Ab	
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	LY, WITH important.
	PLEASE WRITE PLA LY, WITH UNFADING INK. Every correct age is especially important. Physicians: please write the
	PLEASE correct ag

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he	-B	RTH NO.	U			CERTIFIC	CATI	E OF DEATH	4	Register	ed No	
ed.	(T	NAME OF E	Morto	on H.	Fox					2. DATE OF DEATH MA		1950
uppli	A.		City, Maryl:	and B	altin	ore, Md.	dress or	4. USUAL RESIDE	NCE (W	B. COUNTY		tution : residence before admission)
fully supplied. y.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Apts. Eutaw Place							c. CITY OR TOWN Baltimor	e, Ma	aryladd	14	te RURAL and give township)
Fron			stay in Balti		Lif	`e	Yrs. Mos. Days	Eutaw Pl		(Marlbor	o Ap	
uld be		sex Male	White	RRACE	7. SINGI	E. MARRIED, WED, DIVORCED	(Specify)	8. DATE OF BIRTH		9. AGE (In year last birthday)	Months	1 Year H Under 24 Hours Days Hours Min.
NDING information should be s of death clearly and l	1 C	Meat p	CUPATION (Cof working life, eve	Give kind of n if retired)		of BUSINESS IND Co.	OR	11. BIRTHPLACE (ST			12.	CITIZEN OF WHAT COUNTRY?
atio	13	FATHER'S			2 00 01	ang out		14. MOTHER'S MAI	DEN NA	ME		
NG orm dea		Henery						Sadie H.	Spr	inger		
ADI infe	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or onlanown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDR								ADDR			
BIII	_	/	1					J	, Eu	taw Pl.M		oro Apts.
FO y ite		(This doe heart fail	SE OR CONI LEADING s not mean thure, asthenia, e complication	TO DEAT te mode o tc. It mea	TH f dying, e ns the dise	g., (A)	llu	te Caena	uj)	hrombo	een	2 hrs
RESER INK. please	NOITA	RISE TO	ANTECEDEN S OR CONDITHE ABOVE CA YING CONDI	TIONS, 11	F ANY, GIV		7	arteris A	du	m~		
MARGIN UNFADING Physicians:	LIFIC		1	I		(C)						1
MA NF hysi	ERT	TRIBUTIN	SIGNIFICANT	TH, BUT	NOT RELA	TED						
	U		OF OPERATION			R FINDINGS OF	OPER	ATION				20. AUTOPSY?
WITH rtant.	CAL								YES NO			
Y, WITH	MEDIC	HOMICIDE	(Specify)	E,		ACE OF INJURY				in Baltimore Ci	ity, give	exact location)
IIV		21D. TIME OF INJURY	(Month) (Day	y) (Year)	(Hour)		CCURR OT WHILE	ED 21F. HOW DID	YAULNI	OCCUR1		
TE PL		22. I herei	by certify th	at I att	ended th	e deceased from	$n = \mathcal{J}$	d. , 1933	, to Ma	¥ 1,1	950, th	at I last saw the
RI		deceased of 23A. SIGNA		reg!	, 1950	and that deat		red at 115 m., 3B. ADDRESS Mare 1	from the	e causes and o		atc stated above. 3c. DATE SIGNED 5-2-50
SE w	2. TI	4A. BURIAL.	CREMA- 24B. Specify)	DATE	0			RY OR CREMATORY	24D. LO	CATION (City, t	own, or co	ounty) (State)
PLEASE correct a	_	Burial	Ma		1950	Baltime	ore	Hebrew	Be	ltimore		DRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) MARSHALL OF TRICE DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN INSTITUTION MemoRiA UNION Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, WARRIED, WIDOWED, DIVORCED (Specify) married Ida, USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH 204 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) TION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT Mar MAY 2 1950 to_ 22. I hereby certify that I attended the deceased from 2, 1950, and that death occurred at 8:22 Am., from the causes and on the date stated above. deceased alive on Man RITI is es 23A/ SIGNATURE 24A. BURIAL, GREMA-TION, REMOVAL (Specify) Burla DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR

Registered No. 4. USUAL RESIDENCE (Where deceased lived/If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) 9. AGE (In years) last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1950, that I last saw the

25. MUNERAL DIRECTOR ADDRESS

before admission) (If outside corporate Innit, write RURAL and give H Under 1 Year H Under 24 House last birthday) Months; Days Hours! Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES (If in Baltimore City, give exact location) U, that I last saw the 23c. DATE SIGNED

ADDRESS

Dr. Ayzıcka

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before udmission)

Registered No.

2. DATE

OF

DEATH

B. COUNTY

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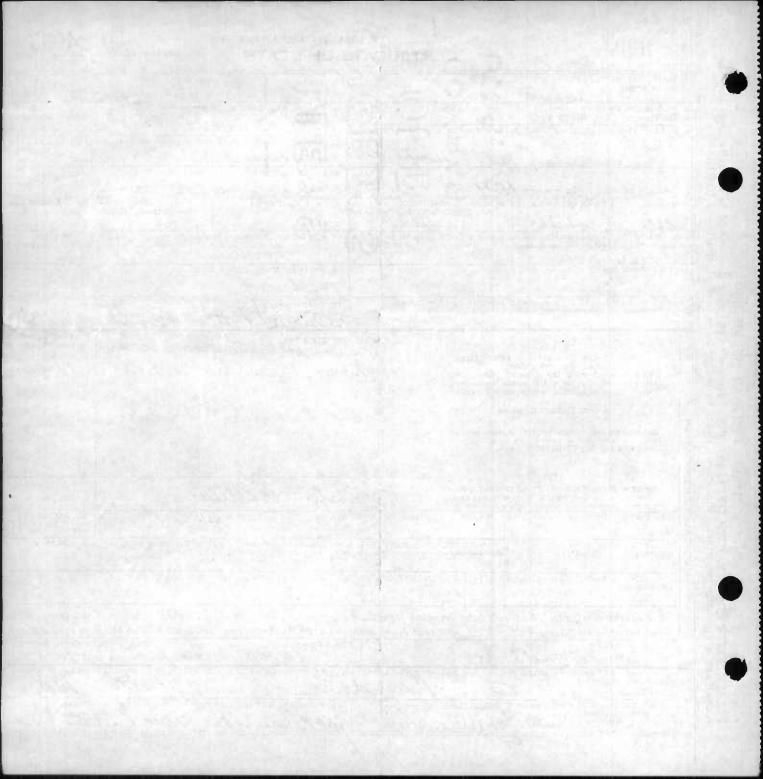
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(3	Type or Print)	Mr. Pors	Gersh	berd		OF DEATH	4/500	
	PLACE OF D	EATH:			4. USUAL RESIDENCE	Where deceased lived. If		
11	FULL NAME	City, Maryland	nital or inetitu	tion, give street address	or Maryland	B. COUNTY	before admission)	
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17	STITUTION	Anna o of St.	00 d. To	/	Baltin	6=0	4 township	
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10	A. USUAL OC	CUPATION (Give king	of 108, KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
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U		F OPERATION		R FINDINGS OF OP	ERATION		20. AUTOPSY?	
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22. I hereby certify that I attended the deceased from 17, 195, to 2, 195, that I last						, that I last saw the		
		live on many	<u></u>	and that death occ	urred at 2.50 m., from t	the Causes and on th		
	23A SIGNA	TURE	,		23B. ADDRESS	1.1.71 1	23c. DATE SIGNED	
2	4A. PURIAL,	CREMA- 24B. DATE	and	M. D.	TERY OF CREMATORY 24D. L	OCATION (City, town,	or county) (State)	
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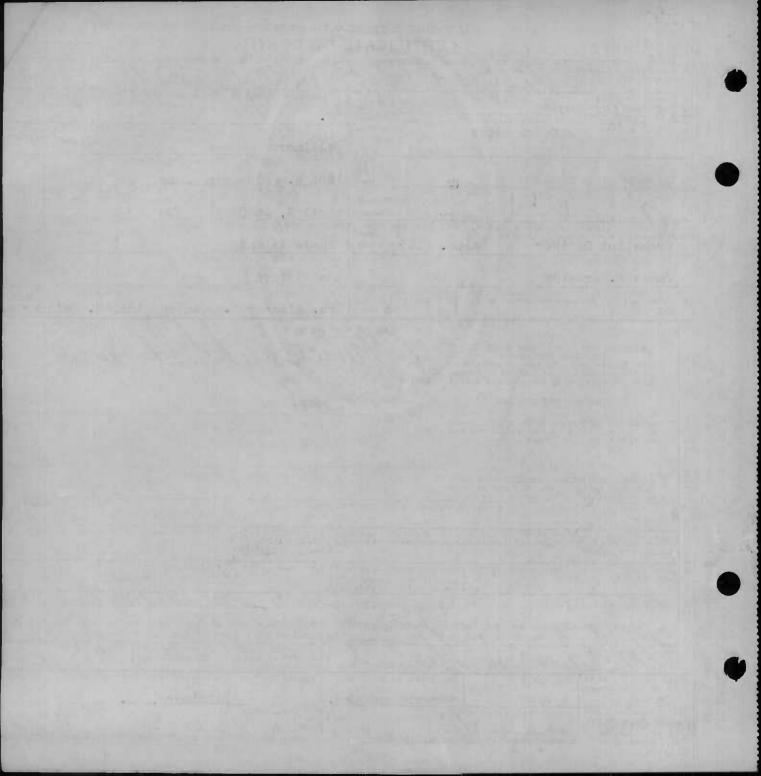
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.			CERTIFICAT	E OF DE	AIM	registere	4 210,
1.	NAME OF DI	ECEASED					2. DATE	
(T	ype or Print)	LUDWE	FUTT	ER			OF DEATH	5/2/50
	PLACE OF DE	EATH:				SIDENCE (W	here dcceased lived	. If institution; residence
11	FULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE	ulana	B. COUNTY	before admission)
H	OSPITAL OR	O. (22 HOV III HOSPIC	va anduruu	location)	c. CITY OR TO			mits, write RURAL and give
2	STITUTION	weersity)	ned.	Wash.	Bal	lineace.	29	7-62 township
-		mercing ;	P-6C -	Yrs.	D. STREET AL	DDRESS (If	rural, give location	
c.	Length of st	tay in Baltimore	4 4m	Mos. Days	4502	Spring	dole a	al
	SEX	6. COLOR DR RACE	7. SINGLI	E. MARRIED.	8. DATE OF B		9. AGE (In years	If Under 1 Year II Under 24 Hours
-	Male	white.	The .	ED, DIVORCED (Specify)	_		last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLA	CE (State or fo		12. CITIZEN OF
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13	FATHER'S N		1		14. MOTHER'S			
	21	Mara			1de du	74		N- I WHAT
15		ED EVER IN U. S. ARME	D FORCES?	I 16. SOCIAL	17 (1)500150	NT/		ADDRESS
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	18. 420	, /		CAUSE	OF DEATH	Poratio co	mary chia	Chaclonset and DEATH
	DISEAS	SE OR CONDITION		Q n A				
	(This does	not mean the mode	of dying, e.	g., (A) nefacci	ion of my	ocoudeur	u due to	12 hrs.
	injury or	complication which	caused death	h.) DUE TO				
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T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
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				FINDINGS OF OPE	RATION			20, AUTOPSY?
Y								YES YES NO
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2		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURF	ED 21F. HOW	DID INJURY	OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE				
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	deceased a	line on \$12/50	19	and that death ocen	rred at 11:45	Am. from t	he causes and o	n the date stated above
	23A. SIGNA	TURE			22ª ADDRESS			23c. DATE SIGNED
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	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	JRE	25. FUNERAL	DIRECTOR		(ADDRESS
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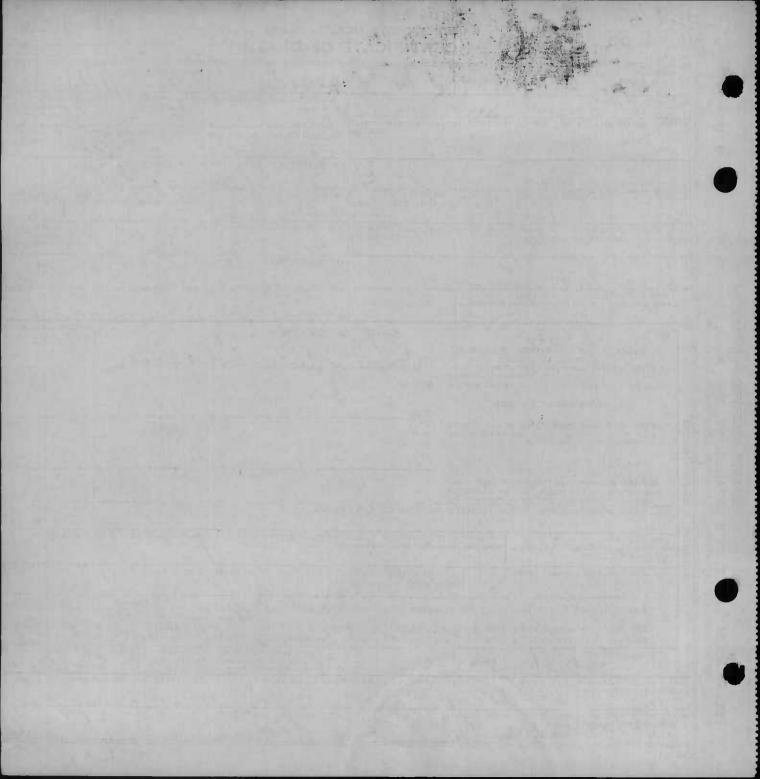


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INS	TITUTION -	SYNKTIN ZO	NARE H	DSPITAL	BALTIMOR	三 27	its, write RURAL and give township
c. I		ay in Baltimore	LIE	Yrs. Mos. Days	6005 H	(If rural, give location)	
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Ser d	ODE QUEIN MOST OF	working life, every life our	Rail	of business or industry	WART LYND-		12. CITIZEN OF WHAT COUNTRY
13.	Ohkno				14. MOTHER'S MAIDE		
(You,	WAS DECEASED no or unknown)	EVER IN U. S. ARM (If yes, give war or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO. 705-03-9469	17. INFORMANT	LORENCE I	ADDRESS
	(This does heart failure	OR CONDITION LEADING TO DE not mean the mode e, asthenia, etc. It m complication which	ATH of dying, e. eans the disea	g., (A) CERE	SAAL INFAR	CTION	INTERVAL BETWEEN ONSET AND DEATH
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CERT	TRIBUTING	GNIFICANT CON TO THE DEATH, BU BEASE OR CONDITION	T NOT RELAT	ED			
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	21D. TIME (NO OF INJURY	ionth) (Day) (Yea	r) (Hour) m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	deceased ali	ve on MAY	ttended the	e deceased from MA and that death occu	1959t rred at 3:50 pm., fr		50 that I last saw th the date stated above
244	BURIAL, CF	REMA-I 24B, DATE	150	24c. NAME OF CEMETE MONAME	FRANKLIN SQUA	AD. LOCATION (City, town	23c. DATE SIGNED (No. or county) (State)
Loc	TE RECEIVED CAL REGISTR MAY 3 - 1		R'S SIGNAT	URE	25 FUNERAL DIRECT	ichener + La	is Eally Ma
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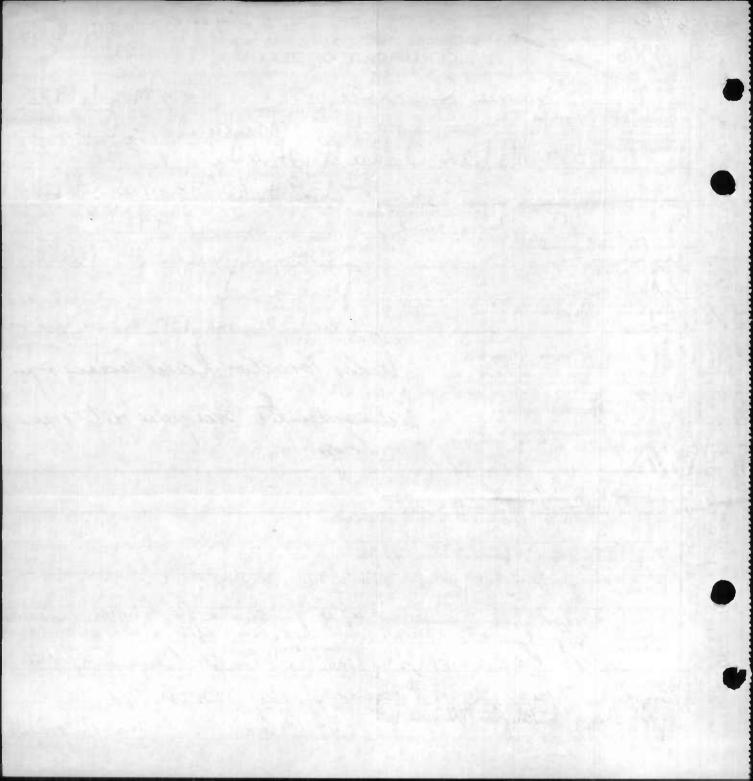
M-	2	AUGS BALTIMORE CITY HE CERTIFICATE		50 Registered No	4068
a.	(T		DERICE (Who	2. DATE OF DEATH Save deceased lived if institut	ion: regidence
supplied	A. B. HC	Baltimore City, Maryland 4310 A PATOMORTH Rd. FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	A. STATE		before admission)
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legibly.	c.	Length of stay in Baltimore Life Days	4310 WENTINO		,
d be	M	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	FCb 18,1890	P. AGE (In years last birthday) Months D	ays Hours Min.
(DING information should tof death clearly an	work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even i(retired) CLCKK FATHER'S NAME OA. USUAL OCCUPATION (Give kind of look KIND OF BUSINESS OR INDUSTRY Equitable Trust Ca.	BALTIMOIO 14. MOTHER'S MAIDEN NAM	Md, I w	TIZEN OF HAT COUNTRY?
rmatic leath	J	14 MPS H. McFred Prick 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	S. Linda Lep	SOM	
infor of d		(If yes, give war or dates of service) SECURITY NO.	George H. McFri	address ederick 4310Wea	
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MAKGIN UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			······
Py-I	C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	La Contra de la Co	es No
Y, WITH important.	EDICA	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldge	The state of the s	in Baltimore City, give ex	act location)
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PLA		22. I ecrtify that I took charge of the remains described a	bove, held an anglectu	spection or Inquir	reon and from
TE		the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deed accident [], suicide [eased died on the day], homicide □, undete	mined .
50			238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	CAMINER S	SI SNED
PLEASE correct ag	TIC	4A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 5-4-3-0	RY OR CREMATORY 240. LOG	CATION (Cit), town, or cou	nty) (State)
PLE	D	DATE RECEIVED BY A REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDI	RESS
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Registered No. 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence COUNTY before sdmission) CLITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If paral, give location) AGE (in years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH AGE (in years) If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sic 14. MOTHER'S MAIDEN NAME KNOWN 17. INFORMANT **ADDRESS** INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 195 Q to 1950 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

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B	CERTIFICATE OF DEATH Registered No.)
1	NAME OF DECEASED 2. DATE OF OF	1/20
	B. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If in a state of the state	titution: residence before admission
H	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, NSTITUTION)	
0	Yrs. D. STREET ADDRESS OF TUTAL, give location)	03 township
C	Length of stay in Baltimore Mos. 607 & Montleyd	Asse
5	G. COLOGOR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE/Un years 1 last birthday) Month of the state of t	ths Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
1.	3. FATHER'S NAME	
	Unknown Ginknown	
(Y.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DRES.
CERTIFICATION	TRIBUTING TO THE DEATH, BUT NOT RELATED	onset and ocate
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
S		YES NO
MEDIC		ve exact location)
-	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from Left, 1944 to Mary, 192, deceased alive on Mary 2, 1950, and that death occurred at B m., from the causes and on the 23A. SIGNATURE 23B. ADDRESS 211 Contain Cul.	May 2, 1950
	24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMITERY OF CREMATORY 2/0/LOCATION (City, town, of Children Company)	r county) (State)
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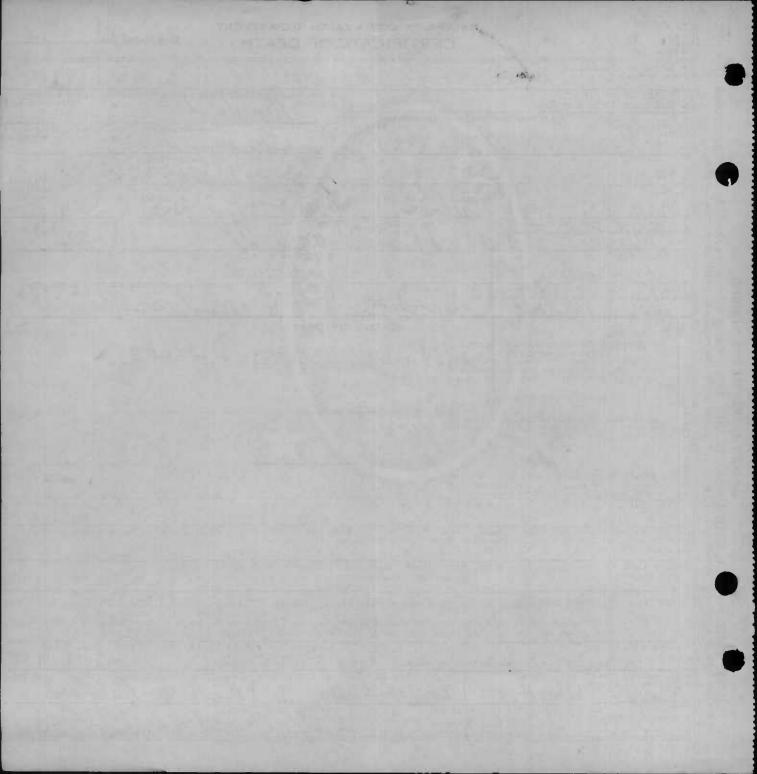
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G-	2	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No. 0 40'	21_
ed.	1.	NAME OF DECEASED ype or Print) Mrs. Margaret Jane Godfrey	2. DATE OF DEATH May 1, 1950	
ilqqı	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence and start and star	
ully supplied.	H	FULL NAME OF OF OISPITAL OR STRICT O	C. CITY OR TOWN (If outside corporate limits, write RURAL a	and give wnship)
) a	c.	Length of stay in Baltimore Vrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
and be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Female Wildowed Widowed Wi	8. DATE OF BIRTH 9. AGE (In years 16 Under Year 16 Under	e 24 Hours s Min.
n sho		A. USUAL OCCUPATION (Give kind of the kind	11. BIRTHPLACE (State or foreign country) Baltimore 12. CITIZEN O WHAT COU	
NDING information should be	13	Albert Blutcher	14. MOTHER'S MAIDEN NAME Susan Sears	
R BINDING em of inform causes of dea	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	J. Milton Godfrey 3417 Roland Ave	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	1 1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cerioschertie Heart Just Ingroter Heart 2 we Farline	tyas Lek
H		19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES	NO [
PLEASE RITE PLA Y, WITH correct age is especially important.	D	Burial May 4, 1950 Greenwich Presonal Registrar's Signature MAY 3 - 1950 Turburgton Milians, Market May 1, 1950 M	ED 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 23f. HOW DID INJURY OCCUR?	aw the
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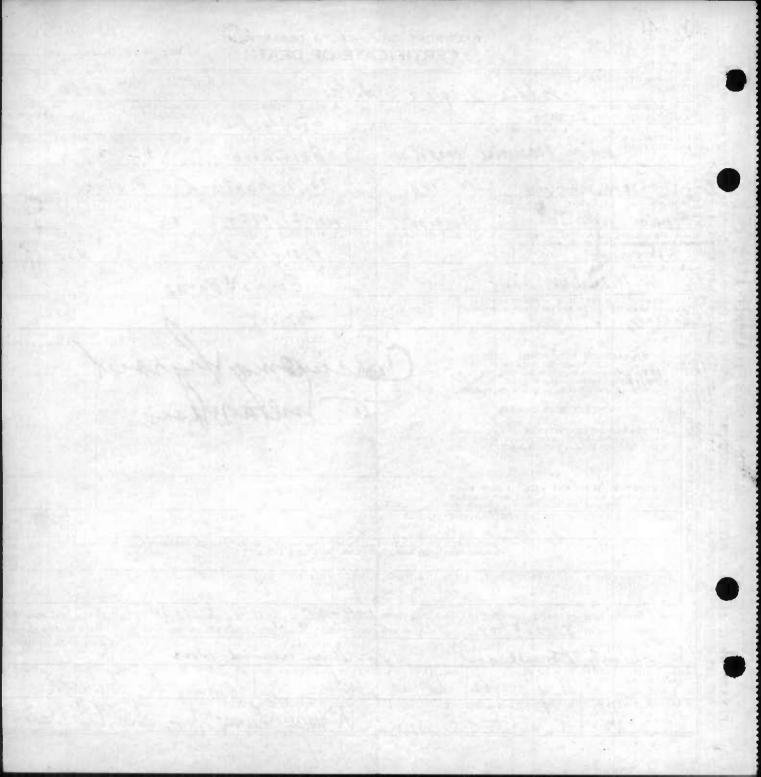
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BINDING	of information should be fully	uses of death clearly and legibly.
MARGIN RESERVED FOR BINDING	UNFADING INK. Every item	Physicians: please write the cau
	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be full	correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1	325		, c	50 4073
B	DI ARY	E OF DEATH	Registered N	
1.	NAME OF DECEASED Addie Vinginia Hu	Ison	2. DATE OF DEATH	-1.50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		institution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)			
	Istitution Union Memorial Hospital	Baltimore	12-	s, write RURAL and give township)
	Length of stay in Baltimore Life Time Mos. Days	3027 Huntin	ural, give location) 9 don Aue	
1	Chale 6. COLOR OR RACE 7. SINGLE, MARRIED. WHITE MAY TIES	Nov 21, 1884	9. AGE (In years last birthday) Mo	Under 1 Year II Under 24 Hours on the Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSE WIFE		reign country)	12. CITIZEN OF WHAT COUNTRY
13	William J. Williams	14. MOTHER'S MAIDEN NA	ME	
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT Parient		DDRESS
RTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	- metass	fisis	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		YES NO
EDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, s	
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from 1-deceased alive on 5-1-52, 19, and that death occur			, that I last saw the he date stated above.
	23A. SIGNATURE Bouslass M. D.	23B. ADDRESS	Ans.	23c. DATE SIGNED
	OURIAL CREMA- 248. DATE 24C. NAME OF CEMETE OF REMOVAL (Specify) May 4-1950 Study L	ERY OR CREMATORY 24D. LO	Respulle //	autland
L	ATE RECEIVED BY DOCAL REGISTRAR'S SIGNATURE MAY 3 - 1950	Durgee Timeral	Nome 3631	Polls Road
	VS 150	4 / 1		550



PLEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) William Edward Carpenter 3. PLACE OF DEATH: A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals INSTITUTION legibly. Yrs. Mos. Life c. Length of stay in Baltimore Davs 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male Negro 10A. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR work done during most raking life, even if retired) information s 13. FATHER'S NAME Jacob 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknum) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nuknuwn) SECURITY NO CAUSE OF DEATH 18. FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hepatic Failure (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 11 RT OTHER SIGNIFICANT CONDITIONS CONul TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CAL 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify)

Registered No. 2. DATE OF May 1. 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township o. STREET ADDRESS (If rural, give location) 342 Bloom Street 9. AGE (In years) 8. DATE OF BIRTH last birthday) Months Days Hours; Min. Sept. 15, 1889 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME Roberta Smith 17. INFORMANT timore City Hospitals Records 940 Eastern Ave. INTERVAL BETWEEN ONSET AND DEATH Metastatic Carcinoma Carcinoma of tail of Pancereas 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE

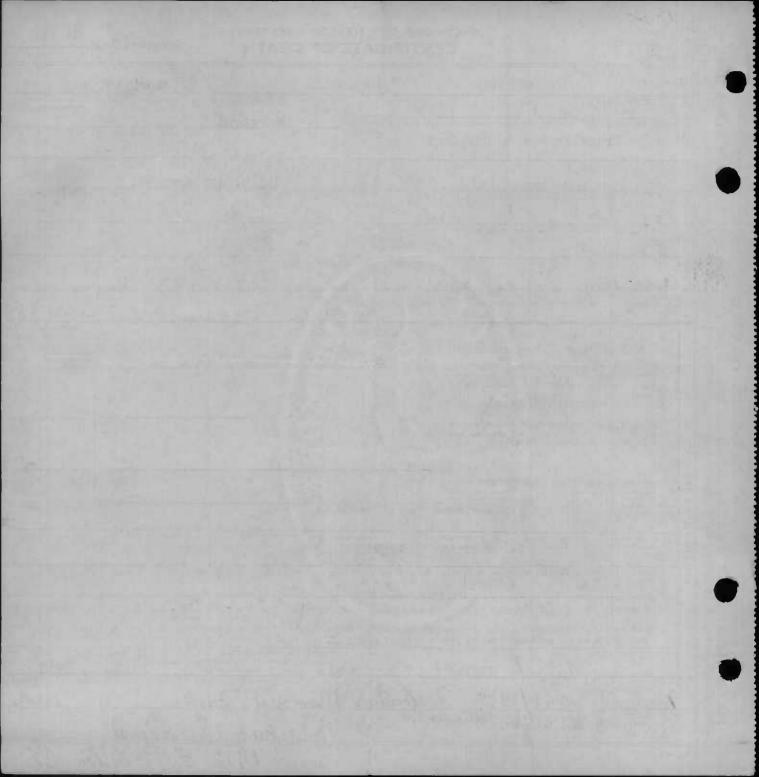
19 50to5-1-1 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. 50, and that death occurred at 12:10 AM, from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE

238. ADDRESS 4940 Eastern Avenue 24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Speaify)

Burea DATE RECEIVED BY LOCAL REGISTRAR

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(State)



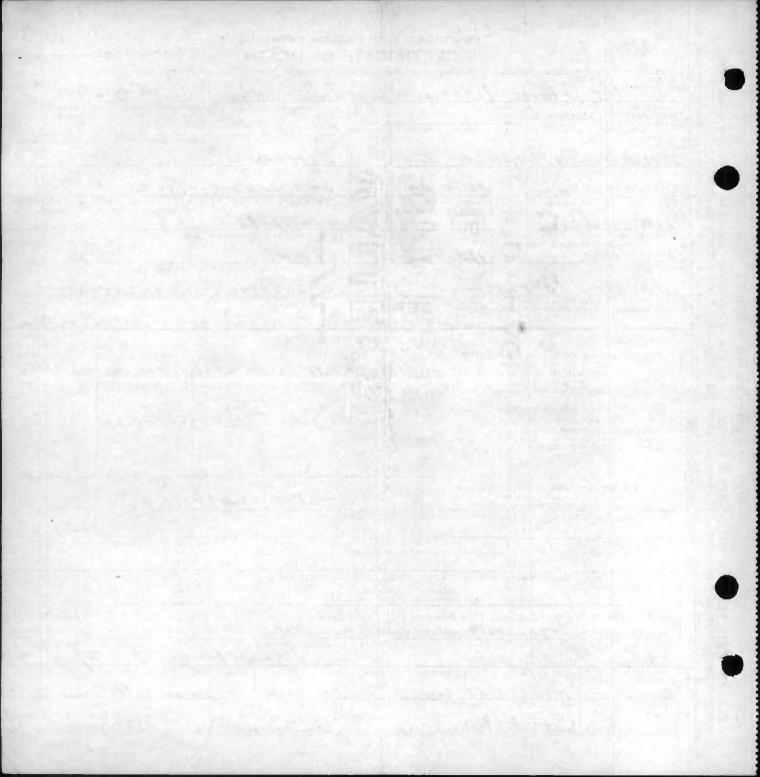
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Registered No.	
2. DATE OF DEATH here deceased lived. If ins	stitution; residence before admission)
outside corporate limits,	
ural, give location)	
9. AGE (In years Munch last birthday) Montl	ler I Year If Under 24 Hours ns Days Hours Min.
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from the causes and on the date stated above.

23c. DATE SIGNED

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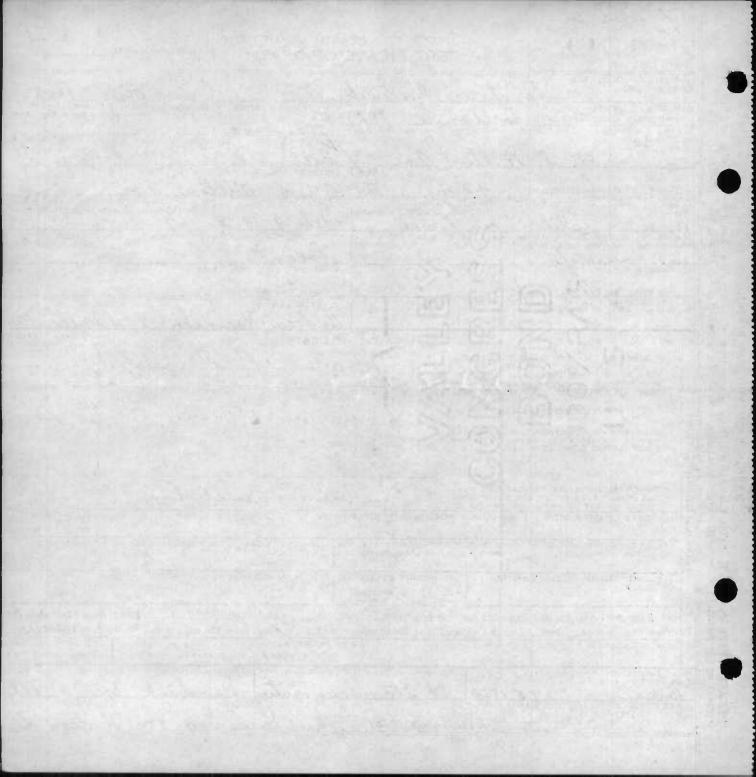
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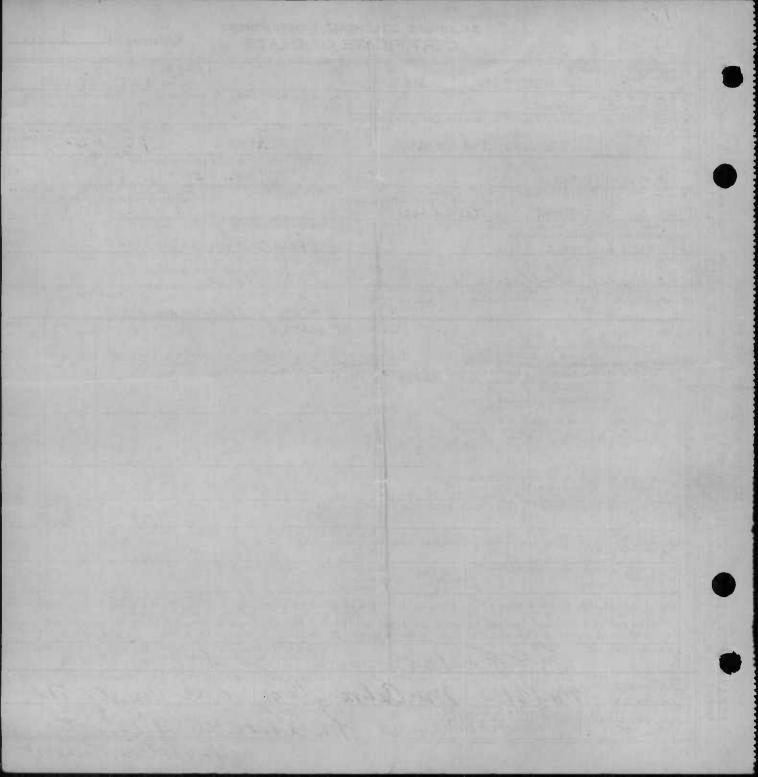
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4077 50 Registered No.

Difficultio.	
1. NAME OF DECEASED (Type or Print) Constance, Zielinsk	2. DATE OF DEATH May 1 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore. B. FULL, NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If idstitution; residence a. STATE B. COUNTY before admission)
HOSPITAL OR location	C. CITY OR HOWN (If outside corporate limits, write RURAL and give
811 S. Milton are yes.	Baltimore 1-04 D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 42 the Mos.	811 S. Millow are
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years fl Under 1 Year Months Days Hours Min.
JOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
fork done during most of working life, even if retired) Nous even	Poland, WHAT COUNTRY?
13. FATHER'S NAME .	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nokoowo) (If yes, give war or dates of service) SECURITY NO.	andrew Nasinake, 811 & Millow are
18. 44/3 X , CAUSE (OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· Farried Carelis Vancular Diaine
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	purity.
ANTECEDENT CAUSES	mana veclema Cardiae dulus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	bealer pielleles.
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., io ebout home, farm, factory, street, office bldg., et	or 21c, WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
I hereby berely grant I described the decoder of .	anh 194, to May 1, 1950, that I last saw the
deceased alive on huy / , 1950, and that death occur	red at 1 2 P.m., from the causes and on the date stated above. 38. ADDRESS 232. DATE SIGNED
Mulio J. Junior M.O.	BY OR CREMATORY 240, LOCATION (City, town, or county) (State)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	1 1 + D. 1 11 1 - m1
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 3 - 1950 rentrator Villiams, Mar	John J. Duda Inc 2829 Hudson St.
No 150 Compression (14/18
	V I



	4078		BALTIMORE CITY HE		Registered No.	4078
1.	NAME OF DECEA ype or Print)	sed MINNI			2.DATE OF April 2	29, 1950
Α.	PLACE OF DEATH Baltimore City, FULL NAME OF	Maryland	al or institution, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If instantal B. COUNTY	itution : residence before admission
HO	SPITAL OR STITUTION		location) opkins Hospital	c. CITY OR TOWN (If Baltimore	outside corporate limits, w	rite RURAL and giv
C.	Length of stay i		Yrs. Mos. Days	D. STREET ADDRESS (If 927 Eden	rural, give location) Street (N.)	
5.	SEX 6.C	colored	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	
10	A. USUAL OCCUPA done during most of work	TION (Give kind of	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	1 - 1	CITIZEN OF WHAT COUNTR
13.	. FATHER'S NAME	400		14. MOTHER & MAIDEN N.	AME	
	. WAS DECEASED EV	ER IN U. S. ARMEE	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
	(This does not heart failure, as injury or com	R CONDITION DING TO DEA' mean the mode of thenia, etc. It mes plication which of	DIRECTLY TH of dying, e.g., (A) Coronar uns the disease, caused death.) XXXXXX MYO	of DEATH V y arteriosclerosi cardial infarctio		INTERVAL BETWEI
FICATION	RISE TO THE A	CONDITIONS, 1 BOVE CAUSE (A) CONDITION LA	F ANY, GIVING STATING THE DUE TO ST.			
ERTIF	TRIBUTING TO	FICANT CONDITION THE DEATH, BUT THE OR CONDITION	NOT RELATED			
7	19A. DATE OF OF		98. MAJOR FINDINGS OF OPER	RATION		YES NO
DICA	21A EXTERNAL PRIMARY OR CO CAUSE OF DEAT	DATRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg		lf in Baltimore City, give	exact location)
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY OCCUR? 21c. HOW DID INJURY OCCUR?					Y OCCUR?	
	the evidence	e obtained by in my opinion	ge of the remains described of said Autopsy, Inspection or I resulted from: natural causes	Autopsy, Inquiry, find that said ds II, accident □, suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	Inspection or inquiry ecceased died on the o , homicide, unde EXAMINER	lay stated abou
TIO	AA. BURIAL, CREM. N. REMOVAL (Specify ALKAGE ATE RECEIVED BY	may 3	24C. NAME OF CEMETE 150 Mh. Calr S SIGNATURE	RY OR CREMATORY 240. L	OCATION (City, town, or Count)	-//
TO	Y 3 - 1950		ator Williams, Mis	The Robert a	Elliot & Dan	guter
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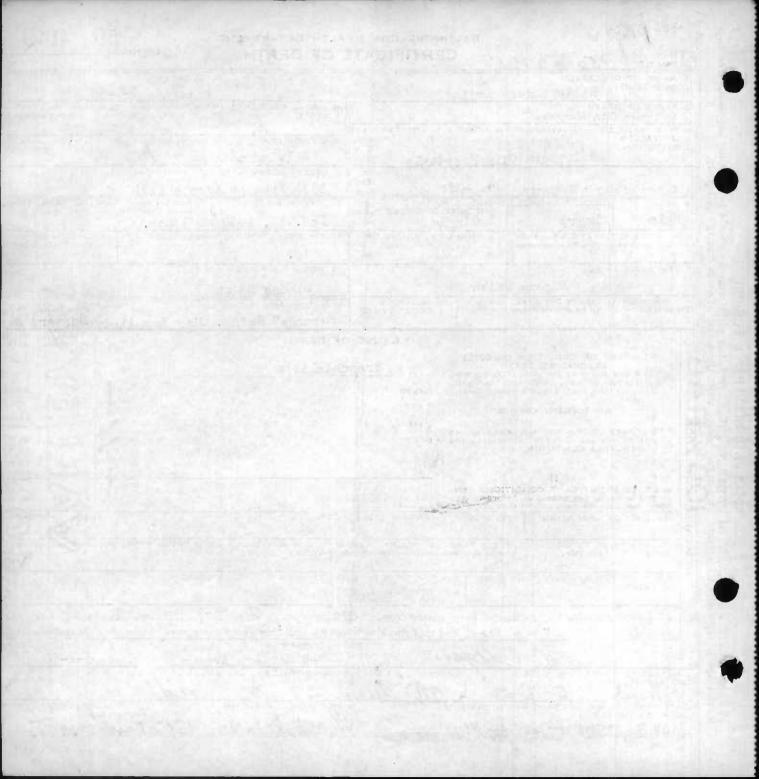
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BALTIMORE CITY HEALTH DEPARTMENT

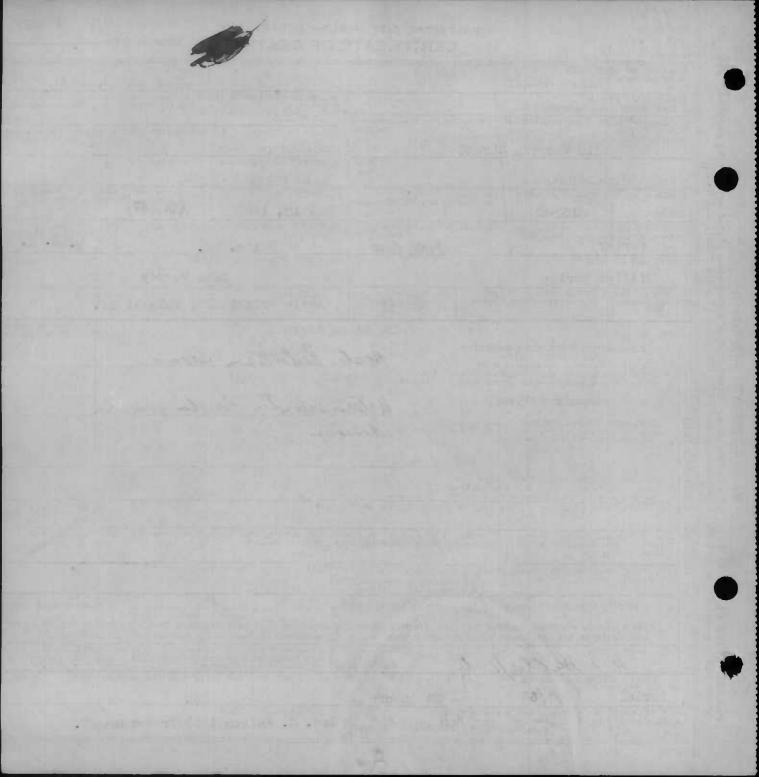
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gistered	No	2010	

5	ATH NO.07	950-0076	18	CERTIFICATI	E OF DEATH	Registered N	0	_
	NAME OF D	ECEASED				2. DATE		=
(1	ype or Print)	Ellis Euger	ne Smit	h		DEATH 5-1	-50	
A.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution : residence before admissio	on)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate limits		
1 3	1	Baltimore (ity Ho:	spitals	Baltimore	15	townshi	(d)
-				Yrs.	D. STREET ADDRESS (If	rural, give location)		
		tay in Baltimore	L;	ife Mos.	1334 Fremont A	venue (17)		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years H	Under 1 Year If Under 24 Hor	
	Male	Negro	Sir	red, DIVORCED (Specify)	Jan. 13, 1950	3 Mos.	nths Days Hours MI	n.
work	A. USUAL OC.	CUPATION (Give kind of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTR	?Y?
13	FATHER'S	IAME			14. MOTHER'S MAIDEN N	AME		
		Eugene			Elaine Smith			
(Ye	. WAS DECEASE , no or nnknown)	D EVER IN U. S. ARMER (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS 4940	
			III OXU		Records* Balto.	City Hospita	ls Eastern A	LV e
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEA' not mean the mode of the complexition which of the complexition which of the complexition which of the complexition which of the complexition of the complexition of the complexition of the pearth, but its condition of the pearth, but its complexition of the pearth with the complexities of the complexities of the pearth with the complexities of the comp	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATING COUNCY COUNCIL CAUSING 1	(B)	chiolitis		20. AUTOPSY?	
A		2					YES NO	
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	218. PLA about home, f	ACE OF INJURY (e. g., i. farm, factory, street, office bldg., e	n or 21c. WHERE DID (Etc.) INJURY OCCUR?	If in Baltimore City, g		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE AT WORK AT WORK								
	the state of the state of the	y certify that I att			-17 , 19 50 to 5	5-1 , 19 50), that I last saw t	the
	deceased at		-, 19	and that death occur	rrea atm., from t	the causes and on th	e date stated about	e.
	204. 310144	(11)	lothe	111	4940 Eastern Av	Tanna	5-1-50	
	4A. BURIAL, CON, REMOVAL (S			24c. NAME OF CEMETE		OCATION (City, town,	or county) (State	e)
Lo	ATE RECEIVE	D BY REGISTRAR		JRE	25 FUNERAL DIRECTOR	12.52	ADDRESS	,
	MAY3-1	350	to NI	Carrier Mar	Mary 10. July	2 1300 Fre	simog ix	-
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125-137659 50 4081	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
I. NAME OF DECEASED	

50 Registered No... 4081

	Gettig			2. DATE OF DEATH 5-2-	-50
PLACE OF DEATH: Baltimore City, Maryland			A. STATE		
	tal or institut	ion, give street address or location)		f antaile anna anta li it.	
STITUTION	ity Hos	pitals	Baltimore	G -/	township)
	16-00	Yrs.			
		Mos. Days		on Street (24)	
	WIDON	ED DIVORCED (Specify)			der i Year if Under 24 Hours hs: Days Hours Min.
		O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY
FATHER'S NAME				AME	
(D)		(D)		
WAS DECEASED EVER IN U.S. ARME no or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	ADD	RESS 4940
			Records* Balto.	City Hospitals	Eastern Av
(This does not mean the mode heart failure, asthenia, etc. It me	TH of dying, e. ans the diseas	E., (A). CMy		ion	INTERVAL BETWEEN ONSET AND DEATH
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TO THE DISEASE OR CONDITIO	N CAUSING	11.			Loo Autobovo
					YES NO
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)				If in Baltimore City, giv	e exact location)
21p. TIME (Month) (Day) (Year OF INJURY	(Hour) m.				
deceased alive on 5-2-	tended the	and that death occur	red at 10:45n. Afrom	the causes and on the	
23A. SIGNATURE	1	DOMESTIC BOOK OF THE REAL PROPERTY.			23c. DATE SIGNED
54.	MI	M. D.			5-2-50
	-30	Dak C	Your 24b. L	Balto -	Md
			25. FUNERAL DIRECTOR	elen 403 k	S. Noch G.
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	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospi SSPITAL OR STITUTION Baltimore C Length of stay in Baltimore SEX 6. COLOR OR RACE Female White A. USUAL OCCUPATION (Give kindo done during most of working life, even if retired FATHER'S NAME (D . WAS DECEASED EVER IN U. S. ARME, no or unknown) (If yee, give war or dat IB. DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year OF INJURY 22. I hereby certify that I at deccased alive on 23A. SIGNATURE A. BURIAL, CREMA- DATE RECEIVED BY CAL REGISTRAS A. BURIAL, CREMA- A. BURIAL, CREMA- CAL REGISTRAS CAL REGISTRAS A. BURIAL, CREMA- CAL REGISTRAS CAL REGISTRAS	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institut SPITAL OR STITUTION) Baltimore City Hos Length of stay in Baltimore City Hospital Color of Race City Hospital City Hospital Color of Race City Hospital Colo	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or Jocation) FULL NAME OF (If not in hospital or institution, give street address or Jocation) Baltimore City Hospitals Yrs. Length of stay in Baltimore Life Mos. Days SEX 6. COLOR OR RACE WIDOWELDIVORCED (Specify) Female White Township ilfe, even if retired) A. USUAL OCCUPATION (Give kind of done during most of working ilfe, even if retired) Was DECEASED EVER IN U. S. ARMED FORCES? Industry (If yes, give war or dates of service) SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	PROPERTY PINE PLACE OF DEATH Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or SPITIAL OR STITUTION Baltimore City Hospitals SEX C. CLTY OR TOWN (I Baltimore Life Mos. Days ST. CIInt. Mos. Days St. Ci. Int. Days St. Ci. Int. Mos. Days St. Ci. Int.	PAGE OF PEATH PLACE OF PEATH PLACE OF PEATH PLACE OF PEATH BAltimore City, Maryland PLACE OF PEATH Md COUNTY Md COUNTY Md COUNTY MG SEX COLOR OR RACE PLACE MARRIED SEX COLOR OR RACE PLACE MARRIED PLACE MARK DATE MORE MARK DATE MARK DECEASED EVER IN U. S. ARMED FORCES) MARK DATE MARK DECEASED EVER IN U. S. ARMED FORCES) MARK DATE MARK DECEASED EVER IN U. S. ARMED FORCES) MARK DECEASED EVER MARK DECEASED TO COUNTRY WITH MARK DECEASED TO COUNTRY DECEASED TO COUNTR

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Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Emma Kellv 4/29/1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Balto. A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN ilf outside corporate limits, write RURAL and give INSTITUTION township) IO N. Durham St Balto Catv D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs TO N. Dus Durham 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years | Il Under | Year | It Under | 24 Hours | Months; Days | Hours | Min. 5/II/I903 46
11. BIRTHPLACE (State or foreign country) Female Col. Single 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Domestic Hotel Seashore Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Maria Kellv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. No Hattie Kelly I2 N. Durham St INTERVAL BETWEEN CAUSE OF DEATH 18. 10 X DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., 1 4 heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES LIOIT DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE DR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WORK 1950 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from... 1950 deceased alive on. and that death occurred at. m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 1429 & Munic 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DAT 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial I950 Mt. Calvery Cem. Baltimore Md DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS Elroy 0. Wilson 1000 Brantly A Ve

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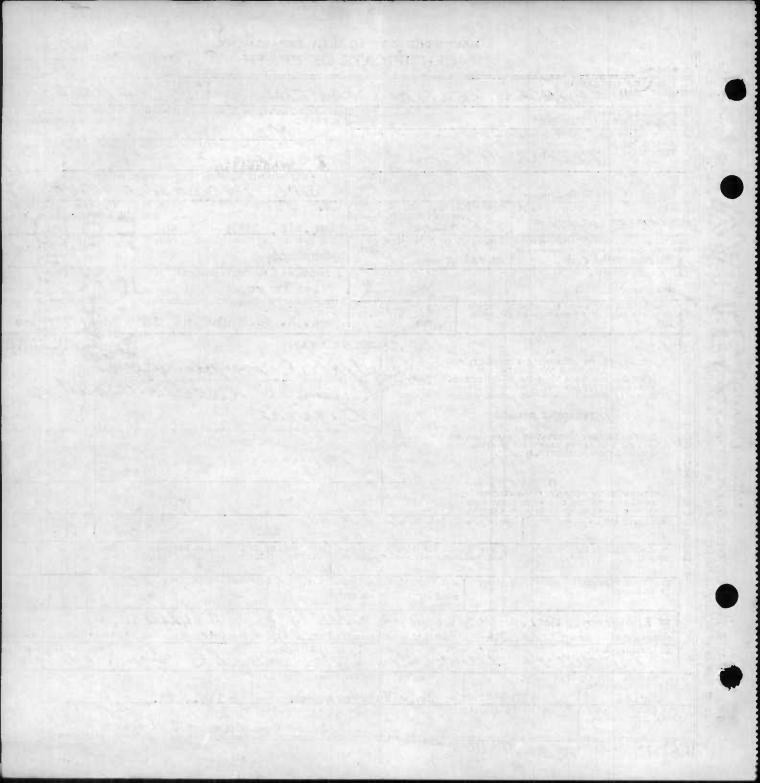
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

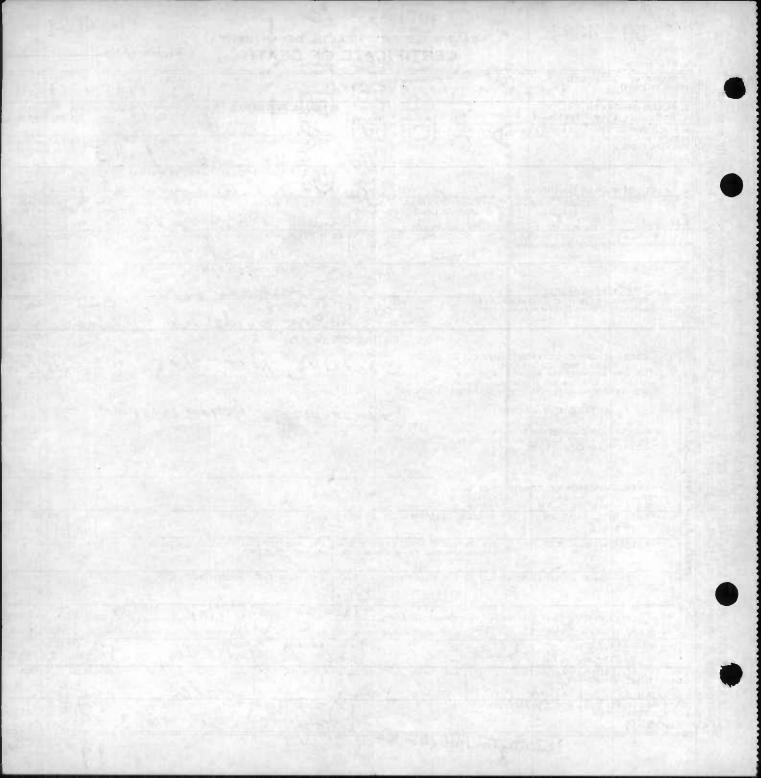
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13.	Peter Ma					14. MOTHER'S MAIDEN ! Clara Maurey	NAME		
15. (Yes,	MAS DECEASE, no or onknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO	' NO.	Mrs. R. V. Cou	lehan 5008	ADDRESS Edgar	Terrace
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BALTIMORE CITY HEALTH DEPARTMENT

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VDING information should be			CUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	preign country)	12. CITIZEN OF WHAT COUNTRY?	
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A	1	OF INJURY	() ()		WHILE AT NOT WHILE				
PI		22. I horah	n certifu that I at	tended the	deceased from MA	RCH 20, 1950 to 1	1AY 1 1050	, that I last saw the	
E		deceased al	live on MAY 1	1950	and that death occu	rred at 6:45 Pm., from to	he causes and on th	e date stated above.	
WRITE PI		23A. SIGNA		Lala A -		23B. ADDRESS Of A	-VL	23c. DATE SIGNED	
age	2.	4A. BURIAL,	CREMA- 24B. DATE	- Liga	M. D. 24C. NAME OF CEMETE	ERY DE CREMATORY 24D. LO	OCATION (City, town,	or county) (State)	
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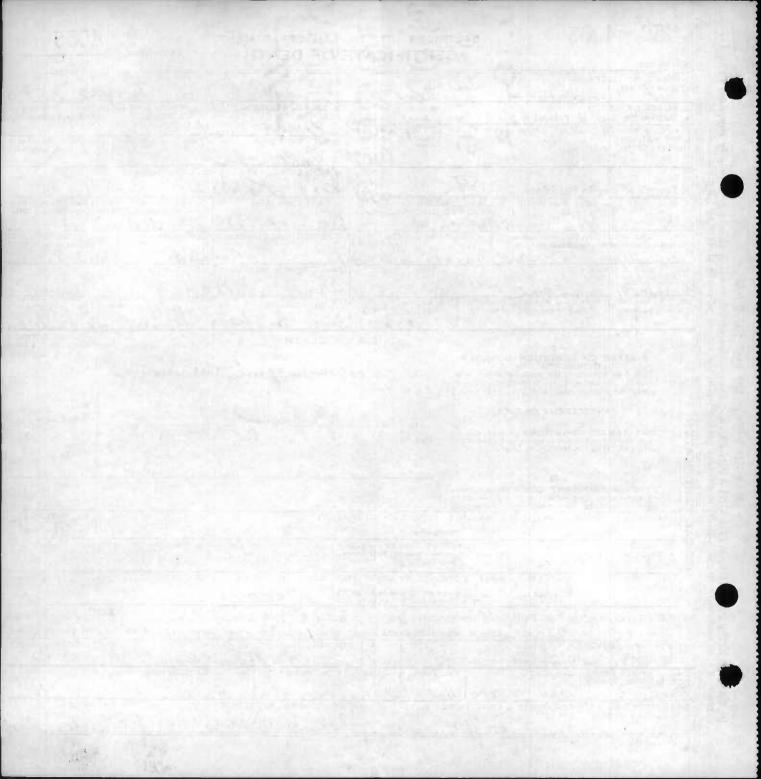
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NO.		CERTIFICATE OF DEATH
	2000	
	TUUU	BALTIMORE CITY HEALTH DEPARTMENT

The 7	1	Lechert Lechert BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.—	085
7 78	1.	NAME OF DECEASED Upe or Print) Andrew 9. Lechert 2. DATE OF DEATH May	2 1950
efully supplied	A.	PLACE OF DEATH: Baltimore City, Maryland 42/9 La Dalle Gue A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street address or Maryland	ution: residence before admission)
fully 1 ly.			teRURAL and give township)
legil		Length of stay in Baltimore 19 Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 4219 La Salle and	
ould be ly and		M W married Dec. 22 1890 39	Days Hours Min.
NDING information should s of death clearly as	Ca	Appendix Will work Poland	WHAT COUNTRY?
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FOR y item the cau			NTERVAL BETWEEN
RESERVED INK. Ever please write	NO	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	mi 25/50
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MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H H	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LY, WITH	MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about homeoferm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give end of the property of the pr	xact location)
A		OF INJURY WHILE AT WORK 21F. HOW DID INJURY OCCUR? WHILE AT WORK ME AT WORK	
WRITE PI		22. I hereby certify that I attended the deceased from 3-25, 1950, to 5-2, 1950, the deceased alive on 5-1-, 1950, and that death occurred at 155 f.m., from the causes and on the deceased	at I last saw the stated above. c. DATE SIGNED
WRJ age is	24	IA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or co	(State)
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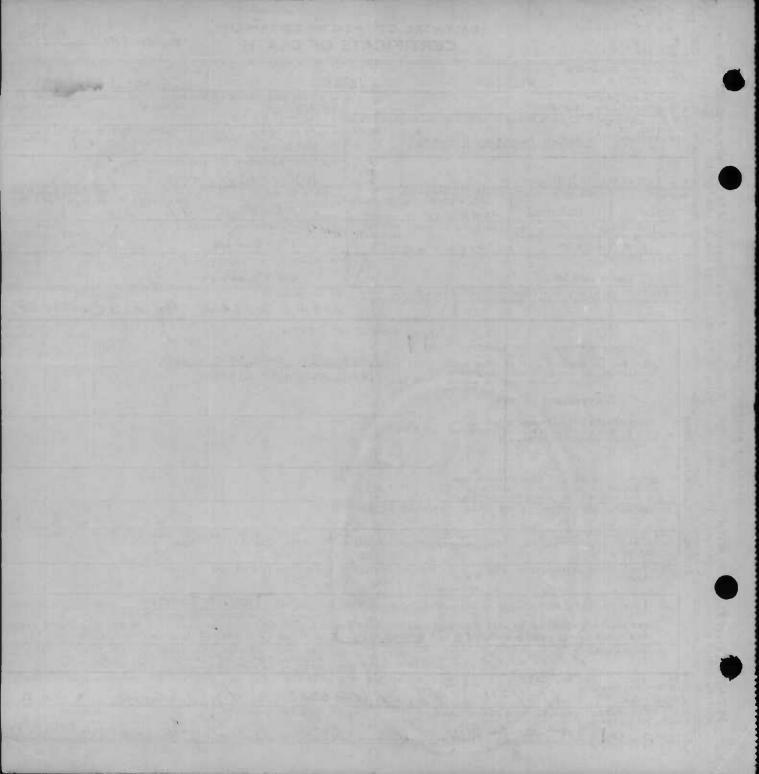
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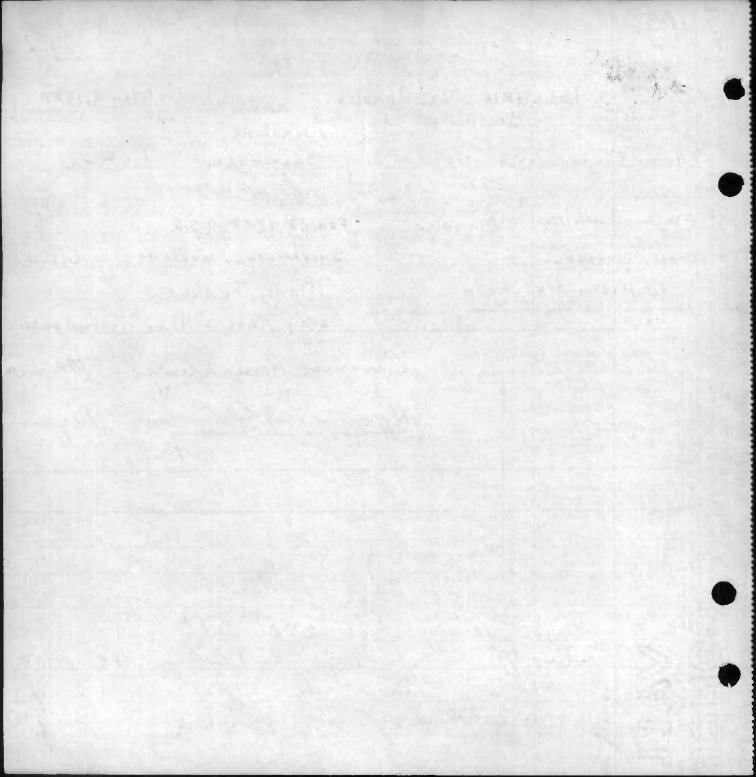


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	1086 BIRTH NO.
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Registered No. 4086

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INSTITUTE	ON	Johns Hop	kins H	ospital		Baltimore	9		10-	01	township
		t distance			Yrs.	D. STREET ADDRES	SS (If r	ural, give locat	ion)		
c. Length	of stay	in Baltimore			Mos. Days	1038 Asqu	ith S	treet			
5. SEX	6.C	OLOR OR RACE		E. MARRIED, WED. DIVORCED (B. DATE OF BIRTH		9. AGE (In ye	ears HU	nder I Year	Hours: Min.
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Registered	No	1000

BI	4088 RTH NO.			HEALTH DEPARTMENT TE OF DEATH	Registered N	50 4088
	NAME OF D ype or Print)	ECEASED	ELIZABETH SARAH SA	DLER	2. DATE OF DEATH MA	y 1, 1950
Α.		City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
HC	FULL NAME DSPITAL OR STITUTION	4668 Pimlio	al or institution, give street addres locati		If outside corporate limit	s, write RURAL and give township
c.	Length of s	tay in Baltimore	Yı M Dı	B. D. STREET ADDRESS (
1	female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe married	8. DATE OF BIRTH Aug. 21, 1883		Under 1 Year H Under 24 Hours nths Days Hours Min.
work	done doring most of housewif		10B. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
		Stillwell		Matilda Estel		
(Yes	. WAS DECEASI , oo or ookoown) NO	ED EVER IN U, S. ARMET (1f yes, give war or date	of service) 16. SOCIAL SECURITY NO	Mr. William I	Sadler 466	DDRESS 8 Pimlico Rd.
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AL C		OF OPERATION	9B, MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
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Σ						
	22. I hereb deceased d 23A. SIGNA	Twe on 5-1-	ended the deceased from, , 1950, and that death of	5-/-, 1950, to curred at 7 p. m., from 23B. ADDRESS		he date stated above
2.4 TIC	A. BURIAL, ON REMOVAL (S Burial	CREMA- 24B. DATE Specify) 5/4/50	24c. NAME OF CEM Druid Ridge	TERY OR CREMATORY 024D.	LOCATION (City, town, Pikesville,	
D/ LC	ATE RECEIVE	D BY REGISTRAR	s SIGNATURE	25. FUNERAL DIRECTOR	3	ADDRESS MA
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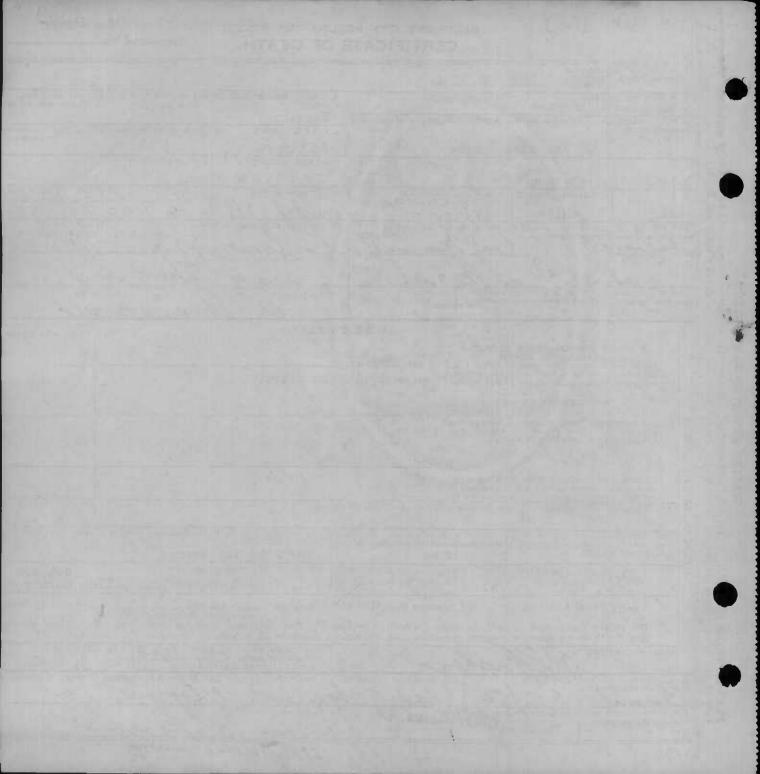
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24D. LOCATION (City, town, or county) REGISTRAR'S SIGNATURE ADDRESS

before admission)

20. AUTOPSY

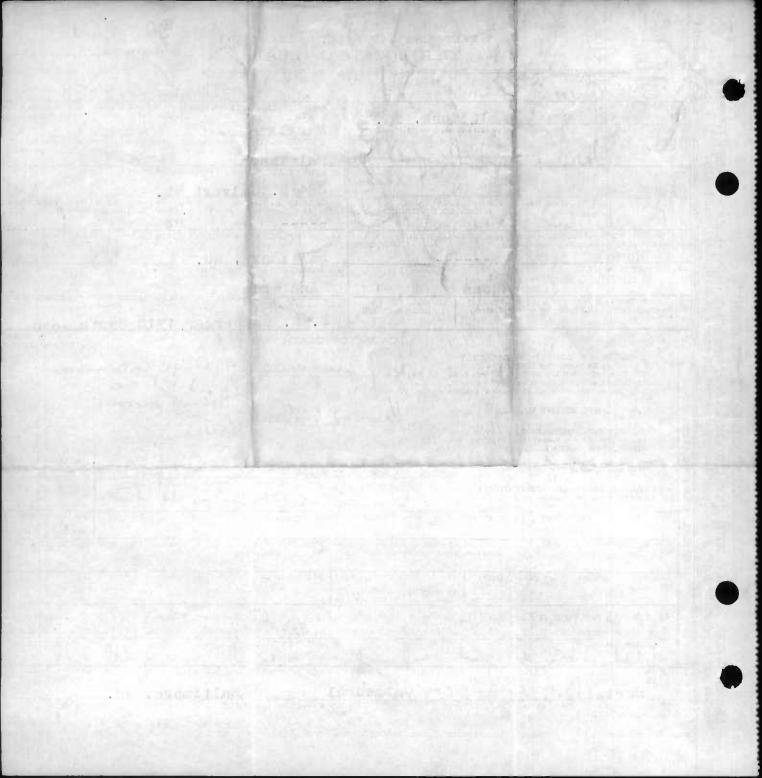
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4090 50 Registered No.

BI	RTH NO.							
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3.	PLACE OF D		Balti		4. USUAL RESIDENCE (institution; residence before admission)	
	FULL NAME		4-9-9-1	ion, give street address or	Maryland			
HOSPITAL OR location					C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
3	X	DADILLEDSI	1. 4	tospilal	Baltimore //- 6 \ township)			
	<u> </u>	CHUELS	7	74 Yrs.	D. STREET ADDRESS (If	rural, give location)		
-	Length of st	tay in Baltimore	59, 19	Mos.	824 N. Calve	and C4		
	SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year M Under 24 Hours	
	WIDOWED, DIVORCED (Specify)			last birthday) Months Days Hours Min.				
10				owed		74		
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work dooe during most of working life, even if retired)					11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	None				Baltimore, N	ld.		
13	FATHER'S	AME			14. MOTHER'S MAIDEN N			
James Ross					Ann Wren	Ann Wren		
15	. WAS DECEASE	D EVER IN U. S. ARMEI		I 16. SOCIAL	17. INFORMANT	Α.	DDDEEC	
(Yes	, oo or onkoowo)	(If yes, give war or date	of service)	SECURITY NO.			DDRESS	
					E. C. Bamber	ger 1710 S		
П	18. 42:	v./ .		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY	^	Tipe his and the second	PCT	TA	
	(This does	LEADING TO DEA		. DRL G	plug Plue)	fower Citi	Em Mare	
	heart failu	re, asthenia, etc. It mea	ans the diseas	se,	0 1	. S L.		
	injury or	complication which	caused deat	h.) DUE TO	0	2/12/10 10 2-	No.	
		ANTECEDENT CAUS	SES	1/2000	130-0	accione I Jeleko	5 ' 3	
ATION	2105105		CONDITIONS, IF ANY, GIVING					
۲I	RISE TO T	HE ABOVE CAUSE (A)	STATING T		XX	1000		
4	UNDERLY	YING CONDITION L	AST.			Oil		
2				(1000	DIOSCUERSEL	, C-V PL	العام	
RTIFI		11		(C)			***************************************	
ER		GIGNIFICANT COND TO THE DEATH, BUT			9.1.5.	10000		
U	TO THE D	ISEASE OR CONDITION	CAUSING	IT.				
	19A. DATE C	F OPERATION 2 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL							YES NO	
EDIC/	21A. ACCIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City,	give exact location)	
E		(-)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK			74.	
		y certify that I at			-14, 1950, to_		Athat I last saw the	
	deceased ai	live on 5-2	_, 19 3	and that death occur	rred at 53 Pm., from	the causes and on t	he date stated above.	
	234 SIGNA		1 11		38. ADDRESS	Total A	23C. DATE SIGNED	
	Hok	en (l'+	r. alk	Sever M.D.	muelsely	AF 8 pole	40/2/50	
24	BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240.	OCATION (City, town	, or county) / (State)	
TIC	on removal (S		1 1	/Mew Cathedr	al Ba	ltimore, Md		
	ATE RECEIVE		LIZER NO. A V		25., FUNERAL DIRECTOR	rermore, Mo	ADDRESS	
	CAL REGIST		-		ell al-am.	2.18	-014 1. 11	
1			To merchanis	4 To 1900	KOW 11 leave	1 to Non 807	1. Dawey st	
	VS_150	i da	71 2		6 13		100	
N	AY 3 - 1	50					63B	
18.	11 11 - 10							



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

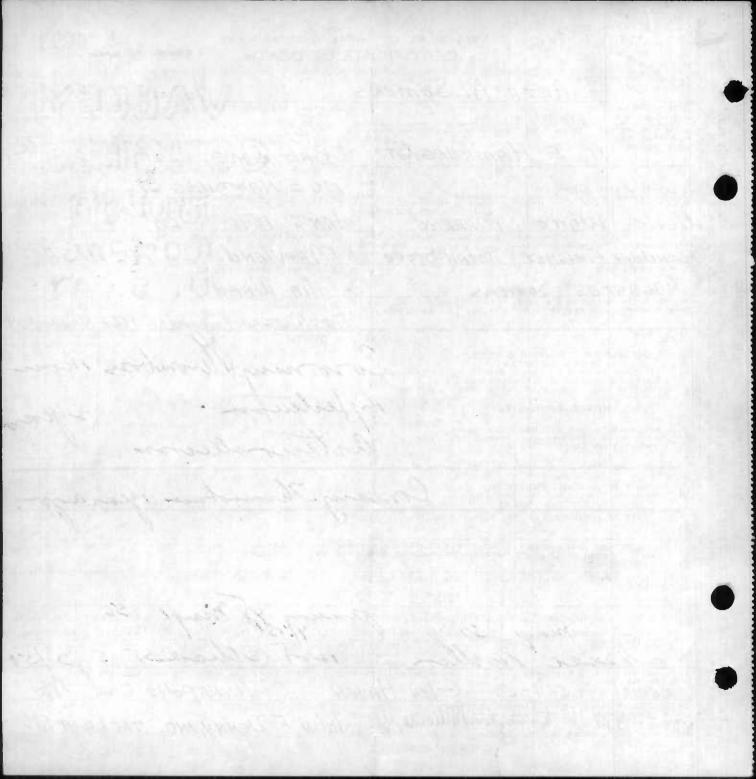
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BIRTH NO. CERTIFICA	TE OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) Albert HAUFF	HAUF) 2. DATE OF 5-2.50
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE / B. COUNTY hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address	MARYLAND Baltimore
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write INURAL and give township)
WEST BALTIMORE GENERAL	- DALTIMORE
Yrs. Mos Mos	2134 Oak Aug
c. Length of stay in Baltimore L/C Day 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	18 DATE OF BIRTH 19 AGE (In years) H Hades I Yest H Hades 24 House
MALE White MARRIES	DEC. 19, 1897 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work doug during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RIPETITTER BOILERS	MARYLAND U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	CATHERINE VONLON
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO NONE 216-01-0740	
18. 420.0 1 CAUSE	OF DEATH ONSET AND DEATH
DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH	alm of the main and and
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	retral artillo Scheross
ANTECEDENT CAUSES	" Or alia of arterio -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	curoses
OTHER SIGNIFICANT CONDITIONS CON-	87473 K.C L.Y. 141 15 15 16 16 16 16 16 1
OTHER SIGNIFICANT CONDITIONS CON-	Want Series - Parmer
TRIBUTING TO THE OEATH, BUT NOT RELATED O TO THE OISEASE OR CONDITION CAUSING IT.	Toru distance
194. DATE OF OPERATION OF 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
TAC CONTRACTOR OF THE CONTRACT	YES NO
ZIB. PLACE OF INJURY (e. g about home, farm, factory, etreet, office bld)	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	2, 1950, to May 2, 1953 that I last saw the
deceased alife on May 2, 19,50 and that death occ	urred at 6 Am., from the causes and on the date stated above.
23A, SIGNATURE	238. ADDRESS 23c. DATE SIGNED
1 1 gornard Mushes 1 46.	MIST OFFICIAL STATE STATE OF 15.70
24A. BURNAL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY, 240. LOCATION (City, town, oryounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	PARK BALLO. County Md.
MACALAREGISTOR REGISTRAR'S SIGNATURE	
THE TANK THE	GEO. L. Schwab 2101 Frederick Ave
A2 120	1830 93)
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	0630			
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CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) H Under | Year It Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) should information shour 10A. USUAL OCCUPATION (Give kind of 108. KIND-OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. causes of INTERVAL BETWEEN 18. CAUSE OF DEATH FOR ONSET AND OEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN 11 RT OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE GEATH, BUT NOT RELATED O TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. EDIC/ 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LY, 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK PL 1950 that I last saw the 22. I hereby certify that Lattended the deceased from_ PLEASE WRITE , 1950, and that death occurred at deceased alive on_ from the eauses and on the date stated above. 23A/BIGNATURE 23B. ADDRESS 23C DATE SIGNED S 24A. FURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B, DATE correct DATE RECEIVED BY REGISTRAR'S SIGNATURE! ADDRESS VS 150





PLEA, WRITE P. LY, WITH UNFADING	correct age is especially important. Physicians:
PLY, WITH	important.
PI	ecially
RITE	is esp
A P	ct age
E	re

2	DO ES-137316 50 4094 RTH NO.	BALTIMORE CITY HE CERTIFICATI		Registere	50 4094
	NAME OF DECEASED Spe or Print) Joh	n Francis Kelley		2. DATE OF DEATH 4.	-20-50
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY	
B. HC	FULL NAME OF (If not in hosp DSPITAL OR STITUTION	oital or institution, give street address or location)		outside corporate li	mits, write RURAL and give township)
3	DSTOTHORE	City Hospitals	Baltimore D. STREET ADDRESS (If	rural, give location)	0.0
Ç.	Length of stay in Baltimore	Life Mos.	B. Hotel, 811		
5.	SEX 6. COLOR OR RACE		8. DATE OF BIRTH NOV. 22, 1885	9. AGE (In years	
10 work	A. USUAL OCCUPATION (Give kind done during most of working life, even if retired	of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for Md		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	John Josep	h Kelley	Mary Henry		
15 (Yes	. WAS DECEASED EVER IN U. S. ARM , no or nnknown) (If yes, give war or da	ED FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS 4940
(10.	, no or anagona)	SECURITINO.	Records* Balto.	City Hospit	
RTIFICATION	heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	caused death.) DUE TO USES (B) Pulmons (B) Fulmons (B) AD TO THE DUE TO LAST,	ry Tuberculosis		
TIF	[]	(C)			
CER	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	I NOI RELATED	a of esophagus, P	vloric Sten	osis
	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore Cit	y give exact location)
Σ	21D.TIME (Month) (Day) (Yea OF INJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I a deceased alive on 4-30	, 19 50 and that death occu	1-14 ,1950, to rred at 12:40 A., from to 23B. ADDRESS 4940 Eastern	the causes and o	9_5,0 that I last saw the n the date stated above. 23c. DATE SIGNED 4-26-50
2. Til	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240. L		
L	DCAL REGISTRAR	r's signature	25 FUNERAL DIRECTOR	Health	ADDRESS

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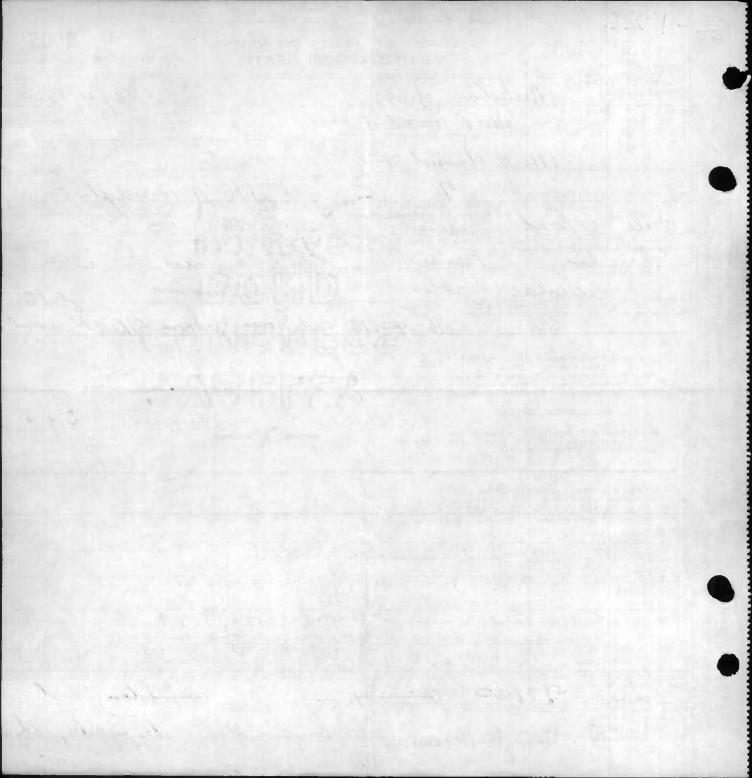
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		(C) 2 1 1 1 1

BALTIMORE CITY HEALTH DEPARTMENT 4095 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore on should be d Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years If finder 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR LACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information avores Sa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give w or dates of service) SECURIT No 18. CAUSE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 19.7 an. 1 22. I hereby certify that I attended the deceased from that I last saw the esp deceased alive on and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 230 DATE SIGNED 2 24A. BURIAL, CREMA-24B. DATE Charle DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DDRESS LOCAL REGISTRAR VS 150

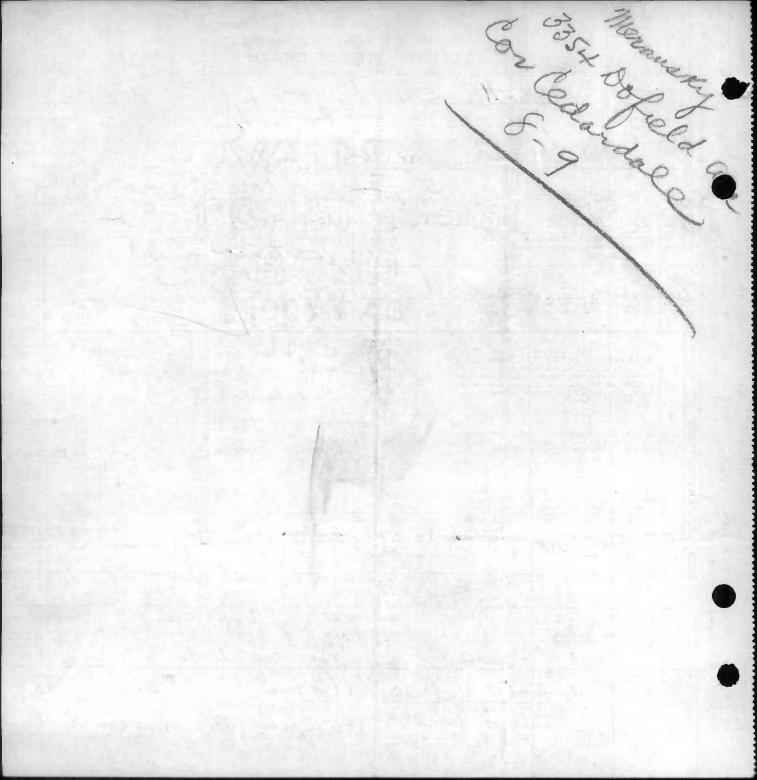


Registered No.

4. USUAL RESIDENCE (Whole deceased lived. If institution; residence B. COUNTY (If outside corporate limits, write RURAL and give If Under 1 Year AGE (In years If Under 24 Hours last birthday) Months: Days Hours! Min. 6 12. CITIZEN OF WHAT COUNTRY? ADDRES am INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) , 1979, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

240. LOCATION (Chy, town, or county),

DDRESS



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4097 Registered No.

8	BI	IRTH NO.							
		NAME OF D					2. DATE		
5	(1	'ype or Print)	ARAH IS	SACSO	N		DEATHMAY	3 1950	
supplied		PLACE OF D Baltimore				4. USUAL RESIDENCE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence		
ns		FULL NAME	OF (If not in hospit	al or institu	ion, give street address				
· Illy	HOSPITAL OR location) INSTITUTION WEST BALTIMORE GEN. HOSPITAL					c. CITY OR TOWN	If outside corporate lim	its, write INURAL and give township)	
efu	1	HEST BA	CTIMORE G	ren.	HOSFITAL Yrs	o. STREET ADDRESS ()	f rural, give location		
efu	q c.	Length of s	tay in Baltimore		50 Mos	- 77mil Ral	ley de	ue	
should be	5.	F	6.COLOR OR RACE		E MARRIED VED, DIVORCED (Special	B. DATE OF BIRTH	9. AGE (In years last hirthday)	H Under 1 Yeer H Under 24 Hours Ionths Days Hours Min.	
on shou	work	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10в. KINI	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
tio	13	ATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME		
information s of death cle	2	Stehr	nou			Rose,			
of of	15	. WAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17/INFORMANT	1	ADDRESS)	
em of ir	(10	a, no or maknowny	(15 yes, give war of date	e or service)	SECURITY NO.	Samuel V	Jaacson	dame	
n c		18. 1/2	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN	
ter c		DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH	
y item			LEADING TO DEA	TH	00	BIOSCLEROFIC CA	ROIDUASCULA	8	
Every write th		heart failure, asthenia, etc. It means the disease,							
HW	injury or complication which caused death.) OUE TO DISCHIE								
ie r	ANTECEDENT CAUSES								
INK. please	6	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	(B)	•••••••••••••••••••••••••	****		
PR	E	RISE TO	THE ABOVE CAUSE (A)	STATING T					
UNFADING Physicians:	Ü								
Cian	E		н		(C)				
	R		SIGNIFICANT COND						
UNF	O H		G TO THE OEATH, BUT		ED PYELO	NEPHRITIS			
H		19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OP	ERATION		20. AUTOPSY?	
WITH rtant.	Y							YES NO	
	EDICAL	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	21B. PL about home,	ACE OF INJURY (e. g farm, factory, street, office bld	. In or 21c. WHERE DID	(If in Baltimore City,	give exact location)	
ILY,	Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	RY OCCUR?		
Illy		OF INJURY		m.	WHILE AT NOT WHIT				
PL		22 I harch	a contifue that I att		deceased from M		MAY 3 15	, that I last saw the	
rE		deceased a	live on MAY 3	1950	and that death oce	urred at 7: 20A m., from	the causes and on	the data stated above	
		23A, SIGNA		1/1/	una inat death occ	23B. ADDRESS	the bandes tina on	23c. DATE SIGNED	
WRI e is			A SHOW	Well-	м. о.	W/9 56.		5/3/30	
age	24	BURIAL.			242. NAME OF CEME	ERY OR CREMATORY 240.	LOCATION (City, tow	n, or county) (State)	
02 43	6	Juria	C 15-4-	10	Man Is	rael	dalto	na	
PLEAS correct		ATE RECEIVE			LIANIA, M.R	25. FUNERAL BIRECTOR	1 -	ADDRESS P	
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		VS 150			1.06.00			11 0	

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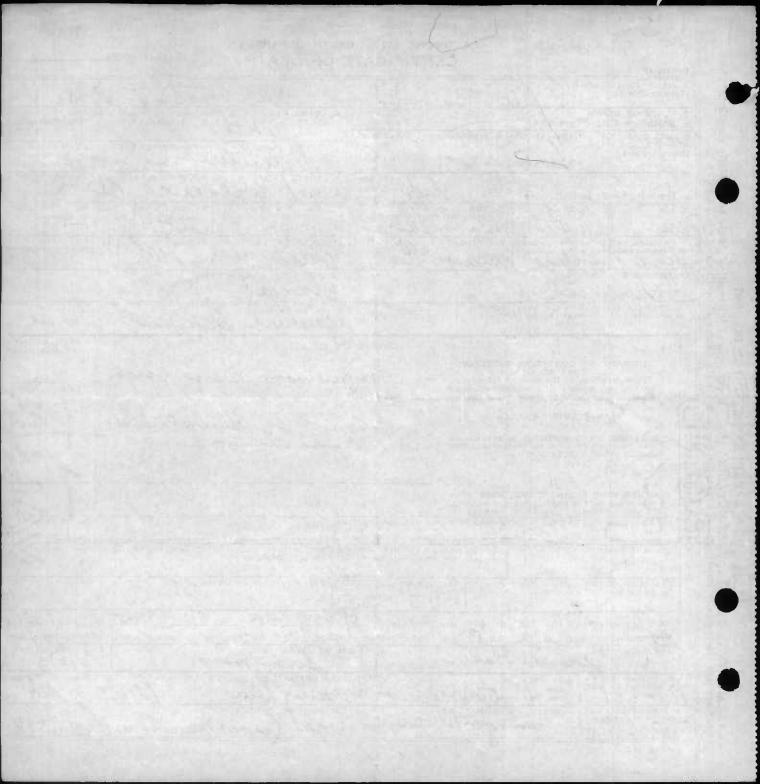
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4098

Registered No.

В	RTH NO.			
	NAME OF DECEASED Print) Rulet Barmon		2. DATE OF DEATH V- 0	7-50
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	There deceased lived. If install b. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Iocation)	C. CITY OF TOWN (If	outside corporate limits, w	rite RURAL and give
14	f Yrs.	10000	rural, give location)	
-	Length of stay in Baltimore Mos. Days	2004 Wels	Keus C	to e
M	SEX 6. COLOR OF RACE 7. SINGLE, MAPPIED WIPOWED, DWORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Unday) Month	st Year ff Under 24 Hours S Days Hours Min.
16	A JUSUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR CANDUSTRY	11. BATHPLACE (State or for	preign country) 12	. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	17. NFORMANT	4	RESS:
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Vanuel B	arman	Lame
	18. 443 X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	pertension En	sphulogally	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ment Hypertre	im Cardin-	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
CAL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDI	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i		f in Baltimore City, give	
M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from 5	2 , 1950, to_	5/3 , 1950, 1	hat I last saw the
	deceased alive on 5 3, 19 5, and that death occur	red at / Pm., from to	he causes and on the	date stated above.
	Grome John M.D.	Sevan Has	r	5/8/50
TI	A. BURIAL, CREMA- 24B. DATE 249. NAME OF CEMETS WILL F-4-50 Yelrew H	EVENT UN	CATION (City) wn, or	County) (Spite)
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	he 2100 6	Sectaw Pe
	vs 150	63	9	3)
			(



BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

Registered No. CERTIFICATE OF DEATH HITTENTHAL 2. DATE MELVILLE MITTENHAL DEATH May 3. (dim 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE Maryland before admission) B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 6102 Park Heights Avenue c. Length of stay in Baltimore Days AGE (In years | M Under | Year | M Under 24 Hours | last birthday) | Months: Days | Hours | Min. 6. COLOR DR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH White marrier 10A. USUAL OCCUPATION (Give kind of work does during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 1.5.9. 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. 01-089 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple fractures of skull, vertebral (This does not mean the mode of dying, e.g., column, and ribs heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XINDEXEM ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., io or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? PRIMARY XDR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) Department Store 124 W. Lombard Street Ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 3, 1950 8:05 A 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 8:05 A m. jumped, or was pushed from window 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) (State) 248, DATE Buria

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DATE RECEIVED BY

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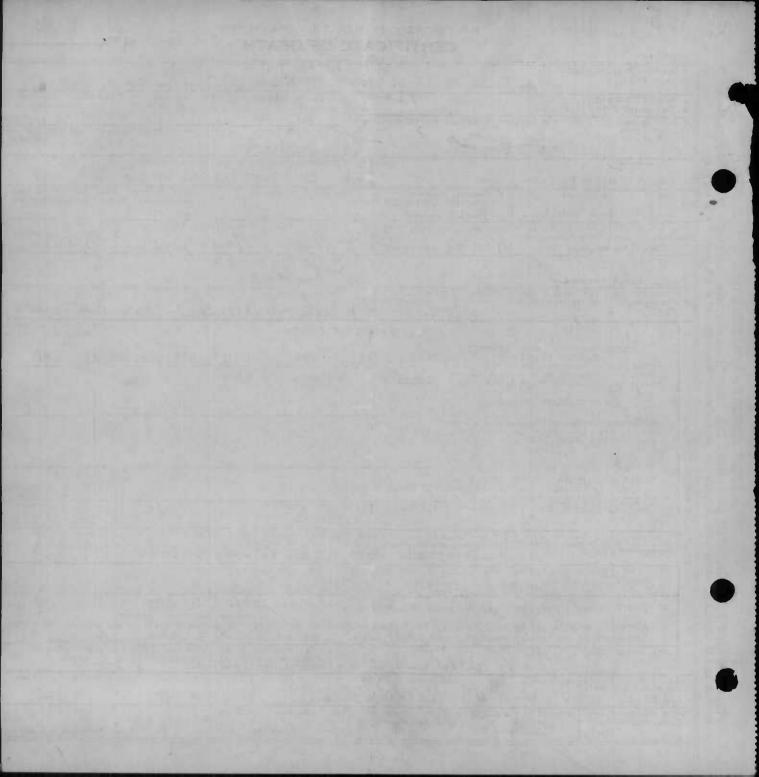
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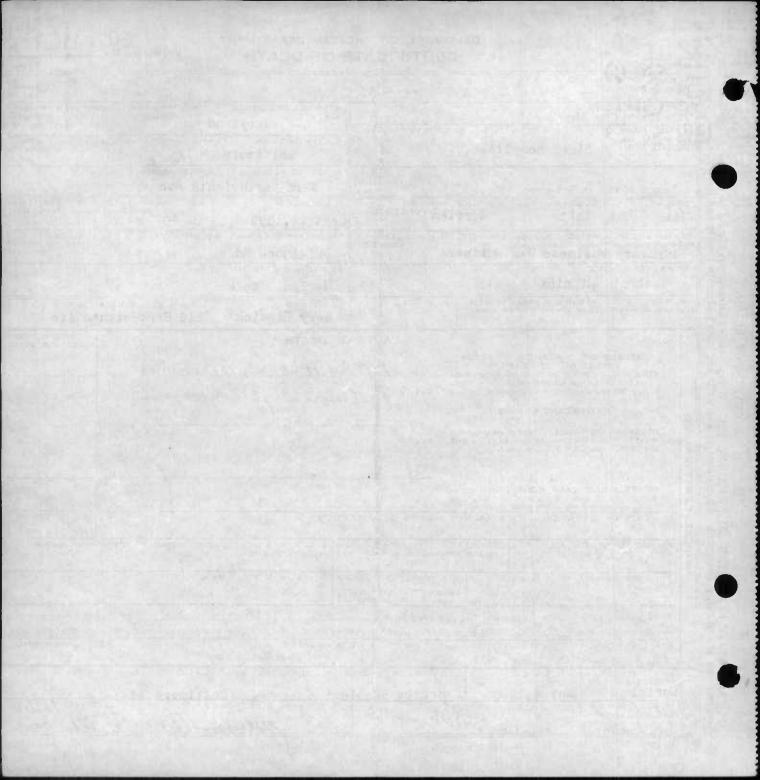
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE HERMAN OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sinai Hospital township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 5216 ParkHeights Ave c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Hours! Min. Male White Sept 21,1889 60 10A. USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired) Hardware Business Own 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Business Baltimore Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lipnick Meriam Wolk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 5216 ParkHeights Ave Mary Lipnick INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES MOIL (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) 11 CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1950 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 5 - 3 1950, and that death occurred at m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial May 4,1950 Hebrew "ashington Rd Cer Baltimore Md DATE RECEIVED BY LOCAL REGISTRAR 一九月二十十五日時 MINS 150



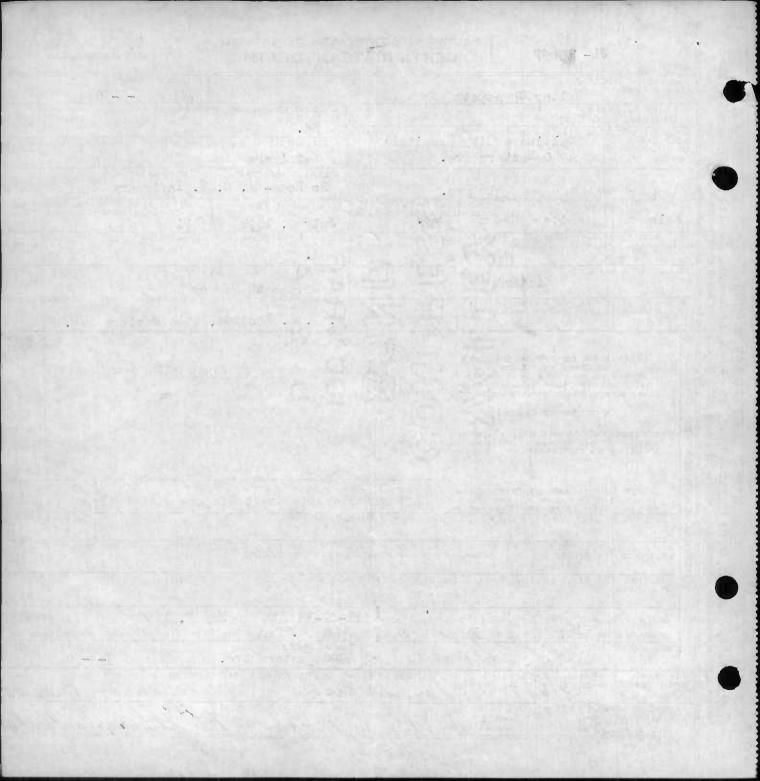
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BALTIMORE CITY HEALTH DEPARTMENT

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gistered No	

BI	RTH NO.	12027		CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D	ECEASED				2. DATE	
	ype or Print)	Walter Ch	enoweth	1		DEATH 5-3	-50
Α.	PLACE OF D Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (V A. STATE Md.	Where deceased lived, I B. COUNTY	f institution; residence before admission)
H	SPITAL OR STITUTION	Baltimon	e City	Hospital scation)		outside corporate limi	its, write RURAL and give
1114	2/	4940 Eas	tern Av	re.	Baltimore	26	-12 township)
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore	16 yr	S. Days	No Home- B. C.		
	Male	White	WIDOW	MARRIED. VED DIVORCED (Specify)	July 9, 1878	9. AGE (In years last birthday) M	at Under 1 Year on the Days Hours Min.
work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	LABOR	ER.	GAS¥	ELEC.	Md.		U.SA.
13	. FATHER'S	NAME Richa	200		14. MOTHER'S MAIDEN N.		
					Elizabeth Dor	sey	
15 (Yes	, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	B. C. H. Records		rn Ave.
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode cre, asthenia, etc. It mer complication which	TH of dying, e. a ans the diseas	e, (A)	noma of the prost	ate with me	tastasis
ERTIFICATION	OTHER	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND G TO THE DEATH, BUT	STATING THAST. ITIONS CONNOT RELATE	(C)	elerotic Heart Dis		ilure
C		OF OPERATION		FINDINGS OF OPER	***************************************		20. AUTOPSY?
EDICA	21a. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i		If in Baltimore City,	give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year	2000	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereb	y certify that I at			L-29-33 , 19 , to Ma		
		live on May 3	-		rred at 5.20 am., from t	he causes and on	
	23A. SIGNA	TURE	103		1940 astern Ave.		5-4-50
II JY	AA. BURIAL. N. REMOVAL (S	Specify)	0	Loudon /	Park 71	ederick	are Balts red
L	ATE RECEIVE OCAL REGIST	TRARA!	S SIGNATI	ton Williams	Muldred J. K	Blift 600	address g Harford K
	VS 150			98859			518



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NFADI	portant. Physicians: please write the causes of death clearly and legibly.
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511 41(1)	EALTH DEPARTMENT 50 4102 E OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print)	2. DATE		
Bessie Hennoetta Dixon	OF 5-1-50		
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
31 Baltimore City Hospitals	Baltimore 15-02 township		
Yrs. c. Length of stay in Baltimore . 35VRS Days	D. STREET ADDRESS (If rural, give location) 1518 N. Mount Street (17)		
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours Minder 1 Year 12 Under 24 Hours Minder 1 Year 13 Under 24 Hours Minder 1 Year 14 Under 1 Year 15 Under 24 Hours Minder 1 Year 15 Under 1 Y		
10A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Md 12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Nathan Johnson (D)	Mary Queen (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, no nr nphunwn) (If yes, give war nr dates nf nervice) SECURITY NO.	17. INFORMANT ADDRESS 4940		
No	Records *Balte. City Hospitals Eastern Av		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	inoma of Breast with Metastases		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. U C OTHER SIGNIFICANT CONDITIONS CON-			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED Brond TO THE DISEASE OR CONDITION CAUSING IT.	chopneumonia		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER			
ZIA. ACCIDENT. SUICIDE. HOMICIDE (Specify) About home, farm, factory, street, office bldg., of the control of			
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT NOT WHILE WORK AT WORK			
	3-21 ,1950, to 5-1 ,1950, that I last saw th		
deceased across on, is, and that death occur	rred at 12:55mP, from the causes and on the date stated above		
M. Clogen M.D.	4940 Eastern Avenue 5-2-50 RY OR CREMATORY 240 LOCATION (City, town, or county) (State)		

24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY

VS 150

REGISTRAR'S SIGNATURE

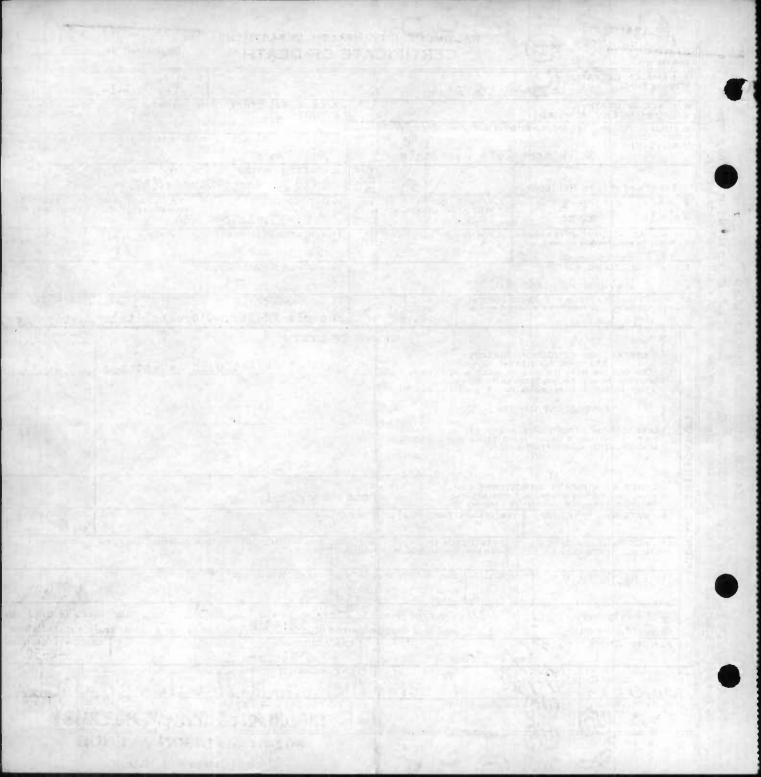
25. FUNERAL DIRECTOR

240-LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

ADDRESS

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802-04 MADISON AVENUE



MARGIN RESERVED FOR BINDING

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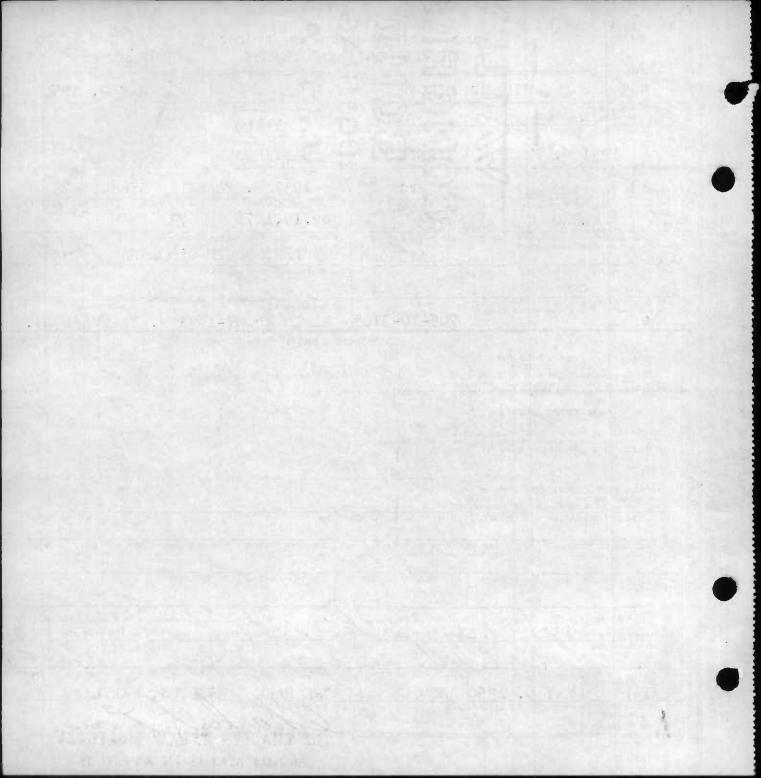
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BALTIMORE CITY HEALTH DEPARTMENT

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802-04 MADISON AVENUE

he	BI	IRTH NO.		CER	TIFICATI	E OF DEATH	Registered No.	
T.	1. (T	NAME OF DECEASED Type or Print)	WI	LLIAM McC	ΟΥ		2. DATE OF MAY 2	2, 1950
supplie	Α.	Baltimore City, Mar		al or institution, give	stroot address or	4. USUAL RESIDENCE (WA. STATE MARYLAND	where deceased lived. If ins B. COUNTY	itution; residence before admission)
fully s	H	OSPITAL OR 1931			location	C. CITY OR TOWN (If BALT IMORE	outside corporate limits, w	rite RURAL and give township)
le Sel		Length of stay in Ba		35 :	1931 W. FR	D. STREET ADDRESS (If rural, give location) 1931 W. FRANKLIN STREET -23		
should be	N	MALE NEGI		7. SINGLE, MARE WIDOWED, DIV MARRIEI	ORCED (Specify)	Nov.15,1876	last hirthday) Month	ar l Year H Under 24 Hours S Days Hours Min.
on shou	worl	OA. USUAL OCCUPATIO k done during most of working life TRACKMAN	N (Give kind of e, even if retired)		SINESS OR INDUSTRY AILROAD	SUMTER, SOUT	H CAROLINA	CITIZEN OF WHAT COUNTRY?
information s of death cle		3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME ?		
em of infe	(Ye	5. WAS DECEASED EVER IN m, no or unknown) (1f yee, g	V U.S. ARMEI	FORCES? 16. SO 705	MAMIE McCOY-		KLIN ST.	
INK. Every ite	CATION	DISEASE OR CONTRIBETOR OF THE ABOVE UNDERLYING CONTRIBETOR OF THE	G TO DEA' n the mode of ia, etc. It mention which of DENT CAUS NDITIONS, 1 E CAUSE (A)	TH of dying, e.g., ns the disease, saused death.) DU SES F ANY, GIVING STATING THE	(A) COV DE TO	of DEATH Mary (2 cclu co	ONSET AND DEATH
UNFADING Physicians:	CERTIFI	OTHER SIGNIFICATION TRIBUTING TO THE DISEASE OF	DEATH, BUT	TIONS CON-	(C)			
1	CAL	19a. DATE OF OPERA	TIONO	98. MAJOR FINDI				20. AUTOPSY?
Y, WITH	MEDIC	21A. ACCIDENT, SUIC HOMICIDE (Specify	7)	218. PLACE OF about home, farm, factor	y, street, office bldg., e	etc.) INJURY OCCUR?	f in Baltimore City, give	e exact location)
		21D. TIME (Month) (OF INJURY	(Day) (Year)	(Hour) 21E. IN. while at work	NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
WRITE PL.		22. I hereby certify deceased alive on 23A, SIGNATURE	A . /	(, 7	at death ocour	red at m., from t	he causes and on the	hat I last saw the date stated above. 23c. DATE SIGNED
200	2.	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	AB. DATE		M. D. ME OF CEMETE	RY OF CREMATOR V 240/4	OCATION (City town, or	county (State)
PLEA correct			MAY 6,	1950 ARBO	TUS MEM	ORIAL PARK A	RBUTUS, MARY	LAND DDRESS



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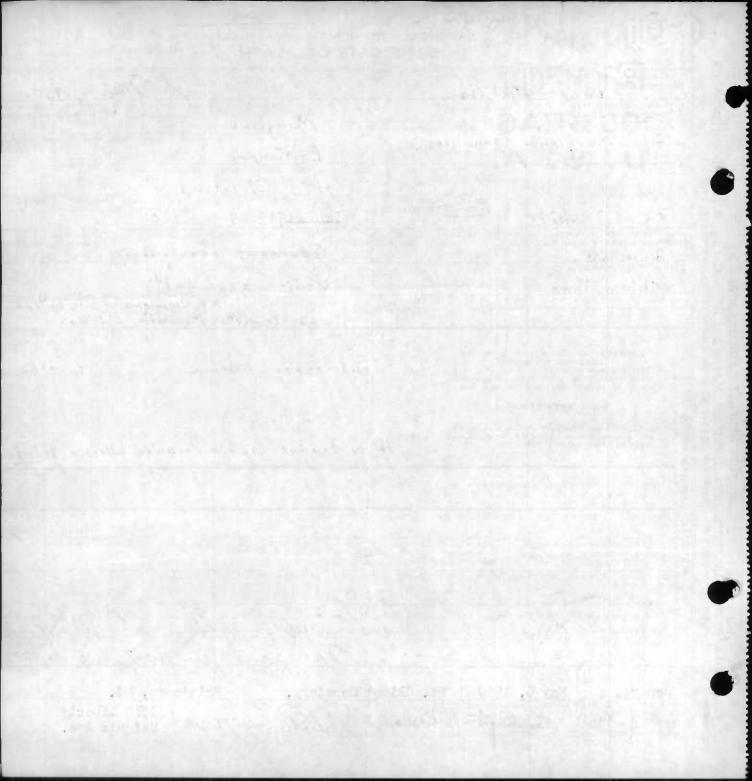
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4104
Registered No.

	NAME OF D	ECEACED	_					
(7	Type or Print)	T T	Poxan	mra -	Sim	am.	2. DATE OF DEATH	may 2.50
	Baltimore (EATH: City, Maryland	1/23 4	1. 74il.	4. USUAL F	RESIDENCE (vcd. If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in h	hospital or institut	ion, give strect address locati	on) c. CITY OR	TOWN	f outside corporat	te limits, write RURAL and give
	ASTITUTION	7.				nort	ork .	(Social township)
_	Langth of s	tav in Baltimo	1 11	Carlo Yr	os.	ADDRESS If	rural, give locati	on) R
-	SEX	6. COLOR OR R.	ACE 7. SINGLE	E. MARRIED. /ED, DIVORCED (Spec	I 8 DATE OF	BIRTH	9. AGE (In yes	ears H Under Year H Under 24 Hours y) Months Days Hours Min.
7	unele	Colore	d m	rarried	may	28-19	148 4L	y) Months: Days Hours Min.
WOF	k dooe during most o	CUPATION (Give) of working life, even if re	kind of IOB. KIND	OF BUSINESS OR INDUST		ACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME		^	14. MOTHER	'S MAIDEN N	AME	
-	Ther	alrelu	o On	worth	En	iles	Hoce	ly
(Ye	MAS DECEAS	D EVER IN U.S. A	RMED FORCES? or dates of service)	16. SOCIAL SECURITY NO	17. INFORM	ANT		AUDRESS
-	18. //= 0			CAUS	F OF DEATH	Dun	-mo, 1	North Var
	7 20	E OR CONDITI	ION DIRECTLY	CAUS	OF DEATH			ONSET AND DEATH
	(This does	not mean the m	DEATH ode of dying, e.g t means the discase	., (A) E		7 1/2	«X	
	injury or	complication wh	ich caused death	DUE TO		7		
7		ANTECEDENT C	CAUSES					
LIOIT	RISE TO T	HE ABOVE CAUSE	NS, IF ANY, GIVIN	(B)	***************************************	****************************	*****************************	
RTIFICATION	UNDERLY	ING CONDITIO	N LAST.	(C)	***************************************	******************************	*************************	
TIF	OTHER C	11						
CER	TRIBUTING	TO THE DEATH,	DNDITIONS CON BUT NOT RELATE ITION CAUSING IT	D				
		F OPERATION		FINDINGS OF OF	PERATION			20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDE	R. 218. PLA	CE OF INJURY (e.	g., in or 2 IC. WH	ERE DID (If in Baltimore	City, give exact location)
MED		CONTRIBUTIN		arm, factory, street, office ble	lg.,etc.) INJURY	OCCUR?		error, great exact rocation,
-	21D. TIME (OF INJURY	Month) (Day) (21E. INJURY OCCU		אטנאו סום א	Y OCCUR?	THE RESERVE OF THE PARTY OF THE
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	deceased al			deceased from and that death occ		195 0, to		19.57 that I last saw the on the date stated above.
	23A. SIGNAT			and that death oc	23B. ADDRESS			23c. DATE SIGNED
_	Loss	enford	a. hour	M. D.	2309		thee	5-4-50
TI	AA. BURIAL, CON, REMOVAL (S	REMA: 24B. DA	11 11 17	24C. NAME OF CEME	IERY OR CREMA	IORY 24b. L	OCATION (City,	town, or county) (State)
70.	ATE RECEIVE	TON RECISE	AR SIGNAL	REULL ALJE	25. FUNERA	L DIRECTOR	Va	ADDRESS.
7	Why at a do	The It work	A THE PARTY OF THE	- J. J. J.	Jan	xs a	Stan	10 Tehnor
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BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.	4106		CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF DECEASE	ard, F.	Connell	У•		2. DATE OF May	3, 1950
A.	PLACE OF DEATH: Baltimore City, M				4. USUAL RESIDENCE	(Where deceased lived, I	
H	SPITAL OR Balt	imore Ci Eastern	ty Host	on, give street address or itals.	c. CITY OR TOWN Baltimore.	9-	its, write RURAL and give township)
-	Length of stay in l		Li	fe Yrs. Mos. Days	D. STREET ADDRESS	Ave.	
	Male Whi	te	7. SINGLE WIDOW Mar	MARRIED, ED, DIVORCED (Specify) T18G	Sept. 15,187	9. AGE (In years last birthday) M	M Under 1 Year II Under 24 Hours Ionths Days IIours Min.
worl	A. USUAL OCCUPATION OF THE PROPERTY OF THE PRO		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland 14. Mother's Maiden		12. CITIZEN OF WHAT COUNTRY?
		Martin,		ly.	Elizabeth	, Albach.	
15 (Ye	. WAS DECEASED EVER	IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records B.C.H	. 4940 Eastern	ADDRESS
EDICAL CERTIFICATION	OTHER SIGNIFIC TRIBUTING TO THE DISEASE TO THE ABOUT OF THE ABOUT OTHER SIGNIFICATION TO THE DISEASE TO THE DIS	NG TO DEA, an the mode of nia, etc. It mea ation which of EDENT CAUS ONDITIONS, 1 VE CAUSE (A) ONDITION LA II CANT CONDITION EDEATH, BUT OR CONDITION CATION 1	TH of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING THAT. STATING THAT. STATIONS COMOT RELATIFE ICAUSING I CAUSING I CAUSING I CAUSING I 21B. PLA	(B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	in or 21c. WHERE DID	j _	20. AUTOPSY? YES NO TO THE PROPERTY OF THE PRO
MED	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
TI	22. I hereby certij deceased alive on 23A. SIGNATURE 4A. EDRIAL. CREMA- DV REMOVAL (Specify) ATE RECEIVED BY DCAL REGISTRAR	5-3-50	s SIGNATE	and that death occu	4940 Eastern Av	m the causes and on Te. D. LOCATION (City, tow OR	5-3-50
-	VS 150	Althania.	B mer many	iki)		0	/ da)

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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

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Rd.

B	BIRTH NO.								
1.	NAME OF DECEASED ,	0 7		,	2. DATE # /				
(1	'ype or Print)	NIS S. BIL	EMILL	ER	OF DEATH	143-1950			
3.	PLACE OF DEATH:			4. USUAL RESIDENCE (V					
	Baltimore City, Maryland FULL NAME OF (If not in hos	pital or institution, give street	t address or	MARUL	BICOUNTY	before admission)			
H	OSPITAL OR		location)	C. CITY OR TOWN Ili	outside corporate limit	s, write RURAL and give			
	1235 E.	LANVALE	57.	BALTIM	10R8 9-	09 township)			
			Yrs.		rural, give location)	4			
- married and a	Length of stay in Baltimore		Mos. Days	1235 E. A	MAXVALE	0%			
5.	SEX 6. COLOR OF RAC	7. SINGLE, MARRIED, WIDOWED, DIVORC	ED (Specify)	8. DATE OF BIRTH	9. AGE (In year) last birthday) Mo	Under I Year H Under 24 Hours nths: Days Hours: Min.			
1	MAIE WHITE	MARRIED	a_ (specify	Dec. 13-1901	48	Days Moura Min.			
1C	A. USUAL OCCUPATION (Give kind adone during most of working life, even if retir	dof 108, KIND OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY			
1	TUTO MECHANIC	Kelly Bui		BALTO. 1	40.	WHAT COUNTRY			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME				
	Edward &	BIE MILLER		CATHERINE	SOHL				
15 (Ye	. WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16. SOCIAL	L RITY NO.	17. INFORMANT	AI	DESSLANVak			
(10	(1. 300) 810 101 01	216-09	-1 -1	Mrs. MARABR	OT BIEMIN	1/er-1235			
	18. // - /		CAUSE C	OF DEATH	Λ	INTERVAL BETWEEN			
P	DISEASE OR CONDITIO		/	-	MI	ONSET AND DEATH			
	LEADING TO DI	EATH le of dying, e.g., (A)		arcumon	0/ design	M.			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	L my aslands a room								
z	ANTECEDENT CAUSES (B) ribs vertelval foliament								
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
A	UNDERLYING CONDITION								
RTIFICATION		(C) -							
E	OTHER SIGNIFICANT COM		<u></u>						
لنا	TRIBUTING TO THE DEATH, B	UT NOT RELATED							
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS	OF OPERA	ATION		20. AUTOPSY?			
AL	0					YES NO			
EDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	218. PLACE OF INJU	JRY (e. g., in	or 21c. WHERE DID (1 c.) INJURY OCCUR?	lf in Baltimore City, g	rive exact location)			
	HOMICIDE (Speelly)	about troude, tarm, tactory, street	er, omce niag., ev	e.) INJURY OCCUR?					
Σ	21D. TIME (Month) (Day) (Ye	ear) (Hour) 21E. INJURY	OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?				
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I			Jes . 1949 to	May 3 105	that I last saw the			
	deceased alive on Mes			411		ne date stated above			
	23A. SIGNATURE	17		B. ADDRESS	To the second se	23c. DATE SIGNED			
Ы	71	2 Devery	м. D.	3400 000	Lugy EM	5/4/50			
2	4A. BURIAL, CREMA- ZAB. DATE	24c. NAME C	F CEMETER	Y OR CREMATORY 240. L	OCATION (City, town,	or founty) (State)			
1	Durial 5/6,	150 Loud	ON to	ark t	SALTO	Md.			
	ATE RECEIVED BY RESISTRA	AR'S SIGNATURE	47.00	25. FUNERAL DIRECTOR		ADDRESS			
	OCAL REGISTRAR	twater / Musule	Mill	Learned TI	Junk 520 5	HORFARI			

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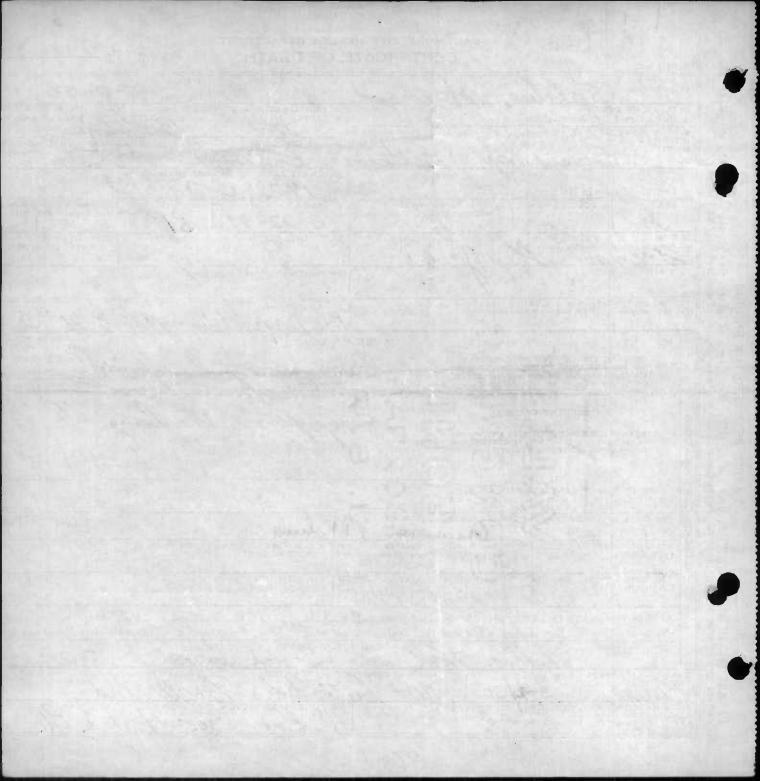
Dr. STEVENS FRAMON + Falson

	Marie Land
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4108

В	IRTH NO.			CERTIFICAT	E OF DEATH		
	NAME OF D'ype or Print)	Sale	lus. 3	telland		2. DATE OF DEATH	7-2-50
	Baltimore	City, Marylan	ıd		4. USUAL RESIDENCE	E (Where deceased lived, B. COUNT)	If institution: residence before admission)
	FULL NAME	OF (If not in	hospital or institu	ntion, give street address o location			mits, write RURAL and give
11	STITUTION	Sini	App.	D Balten	Rolle	more. A	township)
			1	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	c4
	Length of s	stay in Baltim		Days	1936	E. 38'N	If Under 1 Year If Under 24 Hours
	M	6. COLOR OR		WED, DIVORCED (Specify		9. AGE (In years last birthday)	Months Days Hours Min.
l C wor	don during most	CCUPATION (Giv of working life, even if	ekindos Os. KIN	D OF BUSINESS OR	/7		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		my y		14. MOTHER'S MAIDE	N NAME	
15	. WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?	16. SOCIAL	17. INFQRMANT	0.	ADDRESS ¬
(Ye	e, no or unknown)	(If yes, give war	or dates of service)	SECURITY NO.	Mrs. May Sh	etelus - 1930	6 6. 28 mgt.
	18. /6	2 / 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING TO	TION DIRECTL' DEATH mode of dying, e	10	Charmen o	I Lung a	with?
	heart falls	ure, asthenia, etc.	It means the dise which caused dea	ase,	netastaces.		
		ANTECEDENT	CAUSES	_		1+ 0	?
O.			ONS, IF ANY, GIV		the same of the same of the same of		
CAT		YING CONDITI		THE DOE TO		C	
TFI		11		(C)			
CER	TRIBUTIN	G TO THE DEATH	CONDITIONS CONDITIONS CONDITIONS CAUSING	TED			
AL	19A. DATE OF	OF OPERATION	7 198. MAJO	R FINDINGS OF OPE	RATION L		20. AUTOPSY?
EDIC/	21A. ACCID	ENT. SUICIDE.		ACE OF INJURY (e.g.,		(If in Baltimore Cit	y, give exact location)
ME	HOMICIDE	(Specify)		e, farm, factory, street, office hldg			
	OF INJURY	(Month) (Day)	(Year) (Hour)	WHILE AT NOT WHILE	added to the state of the state of	JURY OCCUR?	
			m.	WORK AT WORK		e= 9 10	(C)
				e deceased from and that death occu			That I last saw the the date stated above.
	23A. SIGNA		7.10	+///	238. ADDRESS	1/	23c. DATE SIGNED
2	4A. BURIAL,	CREMA- 2 B	ATE	M. D.	ERY OR CRÉMATORY 24	D. LOCATION (City, tq	12 9.70
TI	ON REMOVAL (Specify)	1650	now /	athedral.	Polls 1	md
	ATE RECEIVE OCAL REGIST	D BY REGIS	TRANS, SIGNA	Williams, M. W.	25 FUNERALD DIRECT	5305 /Ha	ADDRESS EL
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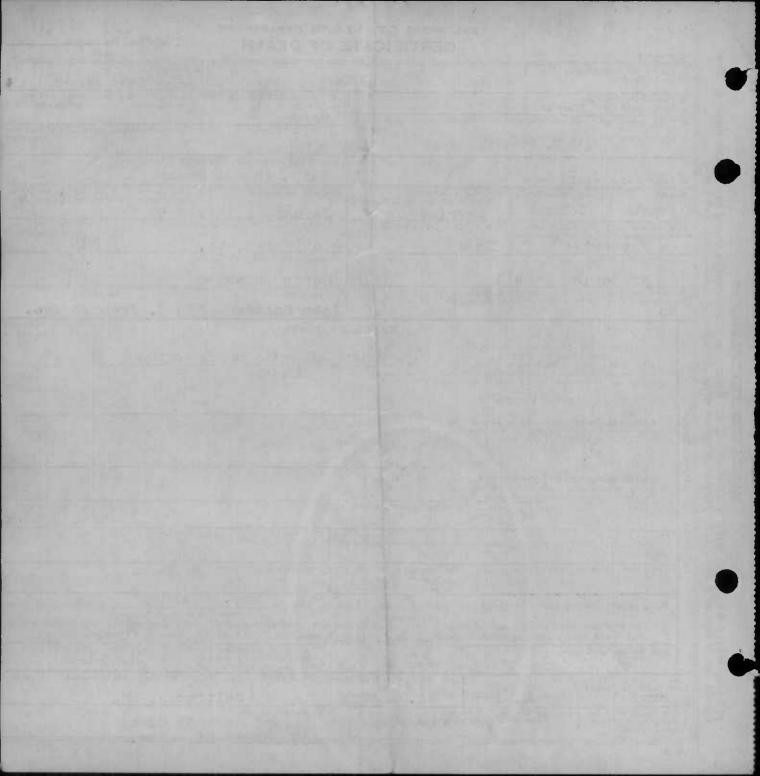
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BALTIMORE CITY HEALTH DEPARTMENT

50 4110

BIRTH NO.			CERTIFICAT	E OF DEAT	H Register	ed No.
1. NAME OF (Type or Print)	M	ARTHA	COT	NAMI	DEATH	ril 30, 1950
3. PLACE OF	City, Maryland			4. USUAL RESID	ENCE (Where deceased live B. COUNT)	
B. FULL NAME	OF (If not in hospit	al or instituti	on, give street address or			
HOSPITAL OR			A location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
00	833 N. Fre	nont Shi		Baltimore		5
			Yrs. Mos.	1	ESS (If rural, give location	
	stay in Baltimore		Days		emont Street Av	
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTI	9. AGE (In year last birthday)	Months Days Hours Min.
Female	Colored		ried	January	4,1842 58	
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	sewife	Home		Buckingha	m. Va.	USA
13. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAME	
Fre	derick Cabe	11		_Susan An	derson	
15. WAS DECEA	SED EVER IN U. S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	(11 yes, give was or date	s or service,	SECURITY NO.	John Cott	man 833 N. H	remont Ave.
18.47	- 1		CAUSE	OF DEATH		INTERVAL BETWEEN
Z DISEAS	lure, asthenia, etc. It mer r complication which ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION L	caused death SES F ANY, GIVIN STATING TH	(B)	disease		
	11		(C)			
OTHER TRIBUTII	SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
U 19A. DATE			FINDINGS OF OPER	RATION		20. AUTOPSY7
21A. EXTER PRIMARY CAUSE OF	RNAL CAUSE WAS OR CONTRIBUTING DEATH.	21B. PLA about home, fo	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	o or 21c. WHERE C	OID (If in Baltimore Ci	ty, give exact location)
OF INJURY		m. V	VHILE AT WORK		NJURY OCCUR?	Wan hala
22. 1 cert	ify that I took char	ae of the	remains described	thone held an I	nsp. & Inquiry	thereon and from
23A. SIGN		fuln	who M	238. CHIEF M ASSISTANT M I.D. MEDICAL INV	EDICAL EXAMINER	23c. DATE SIGNED 5-1-50
TION, REMOVAL	(Specify)				24D. LOCATION (City, to	
Buria	1 May 4,	1950	Mt. Aubur		Baltimore, N	ADDRESS
LOCAL REGIS	TRAR REGISTRAR	SIGNATU	Williams, Man	25. FUNERAL DIE Holland	Funeral Home	



11-	65	The
7	DAA	44
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BALTIMORE CITY HEALTH DEPARTMENT

4111 Registered No.

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	
1.	NAME OF D		0	1	2. DATE	
(1	ype or Print)	-John	Arms	trong	DEATH April	30,1900
	PLACE OF DE	EATH: City, Maryland		U	4. USUAL RESIDENCE (Where deceased lived, If in	
	FULL NAME		al or institut	ion, give street address or	11-11 00	
H	STITUTION			location)	C. CITY OR TOWN (If outside corporate limits,	winte RURAL and give
12	14	niversity Ho	soital		Baltimore 11-	township)
			1	Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of s	tay in Baltimore	2244	Mos. Days	424 Manse Court	
5.	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH 9. AGE (In years) #	Index 1 Year H Under 24 Hours ths: Days Hours Min.
	M	C	Marr		october 19,1902 47	ths Days Hours Min.
		CUPATION (Givekind of		OF BUSINESS OR		12. CITIZEN OF
11	11 1	working life, even if retired)	Mille	INDUSTRY	Middlesex County 1/2	WHAT COUNTRY?
	FATHER'S		Minis	Dally	14. MOTHER'S MAIDEN NAME	u.s./7.
	11	·lliam 1.	144 5 + 200	140	many Harry	
15	. WAS DECEASE	DEVER IN U. S. ARME	FORCES?	I IS SOCIAL		DDECC
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		DRESS
-	No					YManse ct.
	18.	J/X		CAUSE	OF DEATH	ONSET AND DEATH
	DISEAS	SE OR CONDITION		0	0 1	
		not mean the mode	of dying, e. 1		reinuma of stomach	lyr.
		complication which				
		ANTECEDENT CAU	SES			
Z				(B)		
ATION	RISE TO T	S OR CONDITIONS. (A)	STATING TE			
×	UNDERLY	YING CONDITION L	AST.			
F		The Newson		(C) 4		
RTIFIC	OTHER S	II SIGNIFICANT COND	ITIONS COL			
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .		
,				FINDINGS OF OPER	RATION	20. AUTOPSY?
AL	April	1950		Carcinuma	of stomach	Y NO X
EDICA	21A, ACCIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i		ve exact location)
ME	TOMICIDE	(Species)				
2		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE		
	22 I haush	ar a maifer that I at			March 27, 1950, to April so, 1950,	that I last saw the
	decogned a	y certify that I at	10 10	and that death occur	rred at 10 prom., from the causes and on the	e date stated above
	23A. SIGNA				23B. ADDRESS	23c. DATE SIGNED
	(1)	10.00	I same.	M. D.	University Hospital, Baltimore	5-1-50
2.	4A. BURIAL.	CREMA- 24B. DATE	m	24c. NAME OF CEMETE		
9	N REMOVAL (S	Jec114) 5-1-1	951	91/7 (1/1/	books Cens Codes Holl	MIN
1	ATE RECEIVE	D BY REGISTRAR	SSIGNAT	JRK.	25. FUNERAL DIRECTOR	ADDRESS 722 No
	Y4-195		- W1	11.	mode Ket Roll.	8 1/1 1/1 11
A A		The state of	100 /4	Walls, M. P.	Line in A.M. Miller	university.
	VS 150	eve _{s q} .	3	49,	110.	11/0
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DN	rmation death cle	
R BINDI	m of info	
VED FO	Every ite	
RESER	G INK.	
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLA. 17, WITH UNFADING INK. Every item of information should be confidence of correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
	Y, WITH mportant.	
	E PLA.	
6	E WRIT	
	PLEAS	

50 41	LE			50	4112
1-52 BL-	137613	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	
I. NAME OF DECEASE				La DATE	
10 10 10	lliam Thomas			2. DATE OF DEATH 5-1-50	
S. PLACE OF DEATH: A. Baltimore City, Ma	ryland	tion give street address or	4. USUAL RESIDENCE (WA. STATE	There deceased lived, If ins B. COUNTY	titution: residence before admission)
	altimore City 40 Eastern Ave	tion, give street address or Hospitalslocation)	c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and give township)
c. Length of stay in E	Saltimore Life	Yrs. Mos. Days	D. STREET ADDRESS (If)		
5. SEX 6. COLO	R OR RACE 7. SINGL	E. MARRIED. MED, DIVORCED (Specify)	B. DATE OF BIRTH Dec. 5, 1877	9. AGE (In years H Um last birthday) Month	der I Yoar hs Days Hours Min.
10A. USUAL OCCUPATION work done during most of working li	e, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	WHAT COUNTRY
13. FATHER'S NAME	James Thomas		14. MOTHER'S MAIDEN NA Victoria Thoma		
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT. B. C. H. ecords		RESS 1 Ave.
(This does not mea heart failure, asther injury or complica ANTECE O DISEASES OR CO	CONDITION DIRECTLY IG TO DEATH IN the mode of dying, e. iia, etc. It means the diseation which caused deat COENT CAUSES NDITIONS, IF ANY, GIVING CAUSE (A) STATING TONDITION LAST.	g., (A) Blee (B) DUE TO (B) Arter	ding Peptic Ulcer iosclerotic cardi	Fluyley: C.J	Lubinskim. D. GCAL EXAMINER.
TRIBUTING TO THE	ANT CONDITIONS CO DEATH, BUT NOT RELATE R CONDITION CAUSING	Surgical Surgical	shock due to anes	thesia	
19A. DATE OF OPER 5-1-50		R FINDINGS OF OPER	RATION		YES TES NO
5-1-50 21A. ACCIDENT. SUI HOMICIDE (Specif Accident 21D. TIME (Month) OF INJURY May 1, 1950	(Day) (Year) (Hour)	ACE OF INJURY (e.g., i, farm, factory, street, office bldg., HOSPITAL 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	Baltimore City ED 21f. How DID INJURY Ingestion of	occur?	stern Ave.
22. I hereby certif deceased alive on_	y that I attended the May 1, 1950	and that death occur	rred at 11.30 km from to	ia endo track y 1 , 1900, he causes and on the	that I last saw the date stated above
23A, SIGNATURE	I.S. Thoy	er M.D.	4940 Eastern Ave.		23c. DATE SIGNED 5-2-50
RUNOW (Specify)	5-6-1950	MA CEMETE	un Cens Ba	OCATION (City, town, or	Moli State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNAT	Mianic, Mill	My Katie R. Will	liams. Sek	rocker St
AT 4 vs 150	lo be ap	proved by Media		1	17a

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BALTIMORE CITY HEALTH DEPARTMENT

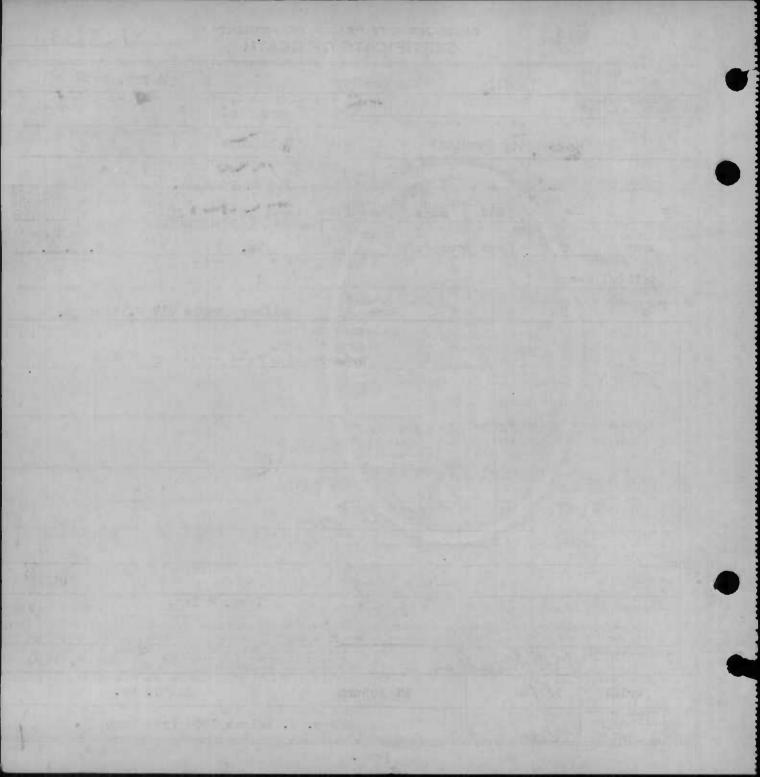
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BIR	UC .on ht	4110		CERTIFICAT	E OF DEAT	H I	Registered N	10.4110
1. N	AME OF Doe or Print)		ella	Wrid	ley	2. DA 0	F May 3,	1950
	LACE OF D					ENCE (Where dec		institution: residence before admission
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hospital Universit		ion, give street address of location	1.2.1	(If outside	corporate limits	s, write RURAL and gi
c. I	Length of s	tay in Baltimore		? Yrs. Mos. Days	D. STREET ADDR			
5. S	F	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specification)	8. DATE OF BIRTH	1450	E (in years Mor	Under 1 Year If Under 24 Hounths Days Hours Mir
vork d	none during most	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign co		12. CITIZEN OF WHAT COUNTRY
13.	Eziki	NAME 21 Moore			14. MOTHER'S MA	IDEN NAME	J.,	
15. (Yes,	WAS DECEASING OF UNknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT	ur Sample		odress
RTIFICATION	DISEASE RISE TO T UNDERL' OTHER S TRIBUTING	ire, asthenia, etc. It mea complication which complication which complication which complications, if the above cause (A) ying condition Lasting Condition Lasting Conficient Condition to the Death, But	eaused death SES F ANY, GIVIN STATING TI ST. TIONS COI NOT RELATI	(B)				
- U		OF OPERATION 1		FINDINGS OF OPE	RATION	•		20. AUTOPSY?
∠ E	21A. EXTERIPRIMARY CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING DEATH.	21s. PLA about home,	ACE OF INJURY (c. g., farm, factory, street, office bldg	in or 21C. WHERE D. INJURY OCCU		timore City, g	rive exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK				E	INJURY OCCU		
_	the ev	idence obtained by eath in my opinion	said Auto	remains described opsy, Inspection or from: natural eaus.	Inquiry, find that es , accident .	said deceased suicide [], hore edical examin edical examin edical examin estigator	dicd on the micide , un	ndetermined c. DATE SIGNED May 3, 1950
Z4A TION	BURIAL, SI, REMOVAL (S	1 248. DATE 5/3/50		24c. NAME OF CEMET Mt Aubu			N (City, town, oldo	or county) (State
DAT	E RECEIVE	D BY REGISTRAR	S SIGNATU	JRE	25. FUNERAL DIR	ECTOR		ADDRESS

Geo. G. Kelson 1303 Presstman St.

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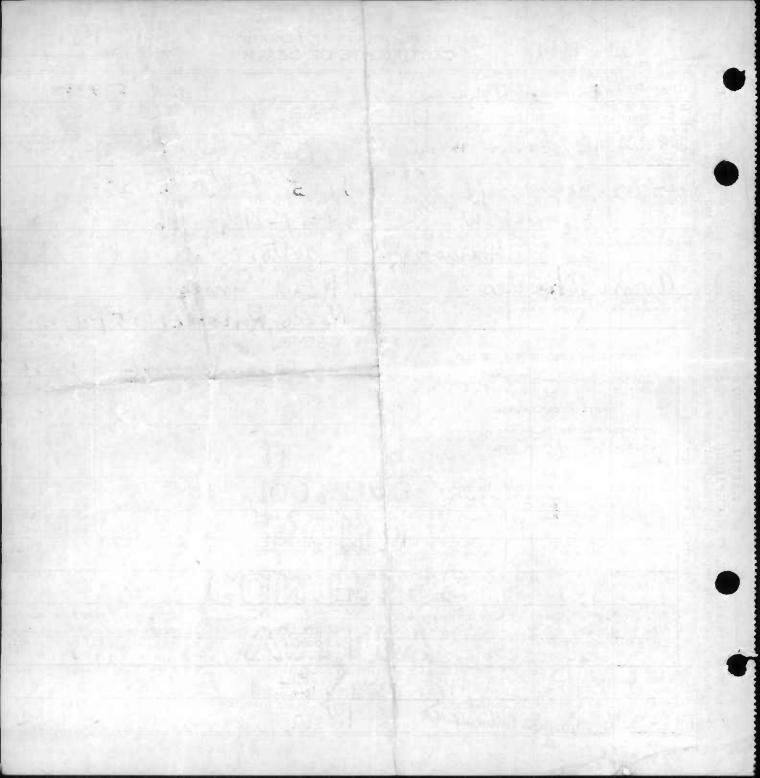
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of infor	Every item	INK.	PLEASE WRITE PLA Y, WITH UNFADING INK. Every item of infor	WITH,	Ā	PLA	RITE	EASE W	N
BINDIN	MARGIN RESERVED FOR BINDIN	KESE	MAKGIN					,	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SO 4114 Registered No.

BIR	TH NO.						
	NAME OF Doe or Print)	Prene	John	15/0-		2. DATE OF DEATH	5-3-50
А. В		EATH: City, Maryland			A. STATE		ived, If institution: residence NTY before admission)
HOS	OLL NAME SPITAL OR TITUTION			ution, give street address location		f outside corporat	te limits, write RURAL and give
c. L	ength of s	tay in Baltimore		46 Yrs. Mos. Days	DI a por GAI GAD	rural, give locat	ion)
5. S		6. COLOR OR RAC		LE, MARRIED, WED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In ye last birthda	
10A. work de	USUAL OC	CUPATION (Give kind of working life, even if retire	of 10B, KIN	ID OF BUSINESS OR	11. BIRTHPLACE (State of f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.1	ANAMA	IAME RANGE	les .		14 MOTHER'S MAIDEN N	nlo.	
15. (Yes, s	WAS DECEASE no or unknown)	D EVER IN U. S. ARM (If yee, give wer or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	rde 11	address of Rece /
1	DISEAS	SE OR CONDITION	DIRECTL	ν -	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart fallu	LEADING TO DE not mean the mode re, asthenia, etc. It m complication which	ATH of dying, e eans the dise	. g., (A) Kur	stered thomacic	queury	ism. Undet.
FICATION	RISE TO T	ANTECEDENT CA S OR CONDITIONS HE ABOVE CAUSE () (ING CONDITION	IF ANY, GIV				
CERTIFI	TRIBUTING	IGNIFICANT CON	T NOT RELA	TED			
J 1		F OPERATION		R FINDINGS OF OPE	RATION		20. AUTOPSY?
ED	21a. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g. e, ferm, factory, street, office bldg		lf in Baltimore	City, give exact location)
	21D. TIME (DF INJURY	Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	Y OCCUR?	
	22. I hereby	y certify that I a	ttended th		4-19 1950 to		, 19 that I last saw the
2	23A. SIGNAT	Luctus	201	Lugar M. D.	23B. ADDRESS	Hogo.	23c. DATE SIGNED
13	BURIAL, C	5-6-	50	Wot. Call	Try Conty 240. L	Sult	(State)
	4 - 1950		RIS SIGNAT	URE LLIME	Patter 3- SOM	190 /3	3 Withmey A.
	VS 150	8			4	01	300



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				10.00

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4115 Registered No.

8	BIRTH NO.	92 11111101112 61	and the state of t	
	Type or Print	, & Q	2. DATE OF DEATH	3 - 1950
1	B. PLACE OF DEATH. A. Baltimore City, Maryland	TATE TO LABORE	AL RESIDENCE (Where deceased lived, If	
1	s. FULL NAME OF (If not in hospital or natitu HOSPITAL OR NSTITUTION		OR TOWN (If outside corporate limi	its, write RURAL and give
-	00	Yrs. D. STRE	ET ADDRESS (Arugal, give logation)	0 3
1	Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE	Mos. Days 341	of BIRTH 19. AGE (in year)	II Under 1 Year If Under 24 Hours
1		WED, DIVORCED (Specify)	last birthday) M	onths Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of 10B, KIN brk done during most of working life, even if retired)	D OF BUSINESS OR	HPLACE (State on foreign country)	12 CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	14. NOT	HER'S MAIDEN NAME	East Miles
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL 17. INFO	MANT Wells	ADDRESS
0	(If yes, give war of dates of service)	SECURITY NO.	3 PIKE- Stimb Mas	Zeder 1
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	TH ()	DINTERVAL BETWEEN
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea	g, (A) Vuling	many Ocdema	
	ANTECEDENT CAUSES		V	
NO.	DISEASES OR CONDITIONS, IF ANY, GIV			7.00
EICA	UNDERLYING CONDITION LAST.	Canada	com ofter removal of	l heart are
FO	OTHER SIGNIFICANT CONDITIONS CO		Court of remove of	0
1	TO THE DISEASE DR CONDITION CAUSING			20, AUTOPSY?
140				YES ND
L	HOMICIDE (Specify) about home		WHERE DID (If in Baltimore City, JRY OCCUR?	give exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the	e deceased from October	, 19 1, to May 3 rd, 196	that I last saw the
	deceased alive on, 19	, and that death occurred at	m., from the causes and on t	
	23A. SIGNATURED Shekkom	A M.D. 22/1	E. Lake an	5/3/50
	24A. BURIAL, CREMA- TON, REMOVAL (Speeify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town	n, or gounty) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 28. FUN	RAL DIRECTOR	ADDRESS
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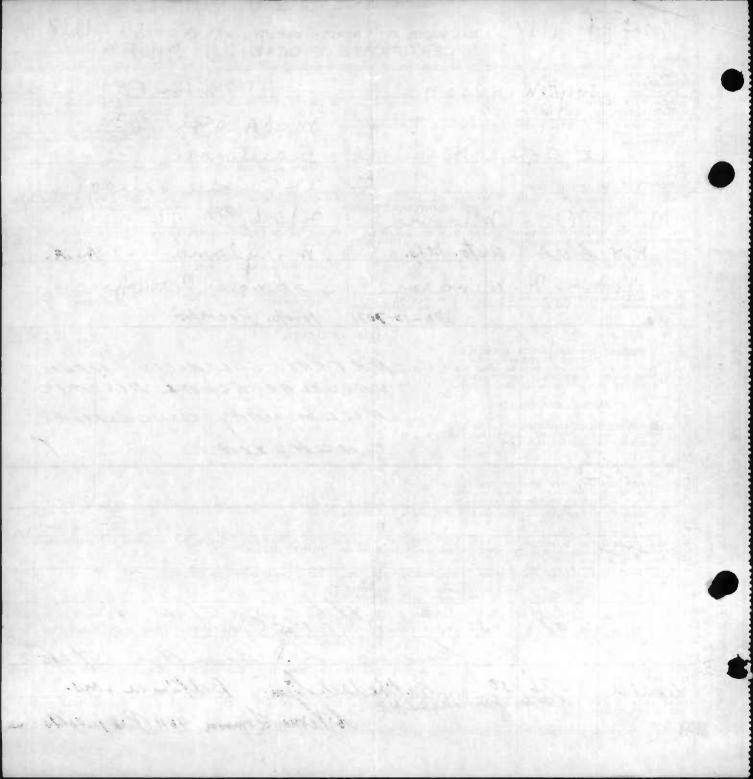
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	,	5-530	ALTIMORE CITY HEALTH DEPARTMENT	50 4116
	BII	50 4116 B	CERTIFICATE OF DEATH	Registered No
		NAME OF DEGEASED ype or Print) On had le	A Pinels	2. DATE OF DEATH () Q 3-1950
A Ly Post	A.	PLACE OF DEATH: Baltimore City, Maryland 3101	Last A. STATE	Where deceased lived. If institution: residence B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution) ISTITUTION	(la (A.	outside corporate limits, write RURAL and give township)
grady	-6		Yrs. Mos.	rural, give location)
and le			Days 3 0 6 CONTROL OF BIRTH DWED, DIVORGED (Specify)	5. AGE (In years ff Under Year ff Under 24 Hours last birthday Months; Days Hours: Min.
	10	DA. USUAL OCCUPATION (Girokindor) 10B. KI	NO OF BUSINESS OR' II. BIRTHPLACE (State or for	preign country) 12. CITIZEN OF
clearly		A done-during most of working life, even if retired)	dand Culto Balto N	WHAT COUNTRY?
death	,	John Jahmidt	Unenown	SME C
es of	15 (Yes	5. WAS DECEASED EVER IN V. S. ARMED FORCES; a, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	midd-3101- For Thank
causes		18. / J 3 X DISEASE OR CONDITION DIRECTL	CAUSE OF DEATH	INTERVAL BETWEEN
te the		LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., (A) Curcinoma ()	Color 3 mos
write		injury or complication which caused de ANTECEDENT CAUSES	ath.) DUE TO	
please	TION	DISEASES OR CONDITIONS, IF ANY, GI		
3	FICA.	UNDERLYING CONDITION LAST.	arterior clerotic 1	Heart Disease ?
Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS (TRIBUTING TO THE DEATH, BUT NOT REL	CON-	
4	L C	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPERATION	20, AUTOPSY?
mportant.	DICAL		PLACE OF INJURY (e. g., in or 21c. WHERE DID (Ing. farm, factory, street, office bldg., etc.)	If in Baltimore City, give exact location)
Tunp	ME	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F, HOW DID INJURY	Y OCCUR?
cially		m. 22. I hereby certify that I attended to		5/2 19.50 that I last saw the
especiall		and Charles and Ch	and that death occurred at 1130 p.m., from t	the causes and on the date stated above.
age is	2.0	4A. BURIAL, CREMA- 24BUDATE	le M.D. 1801 Euto	QCATION (City, town, or county) (State)
	T	DN. REMOVAL (Specify) May - 6-50	Bath Cem Por	Its aug-Batto. W.
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	WITH	rtant.
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- e	W-5324117 BALTIMORE CITY HEALTH D CERTIFICATE OF E	
should be fully supplied. The learly and legibly.	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify)	2. DATE. OF DEATH DEATH RESIDENCE (Where deceased lived. If institution: residence before admission) R TOWN (If outside corporate limits, write RURAL and give township) T ADDRESS (If rural, give location) P BIRTH 9. AGE (In years littleday) Months Days Hours Min. PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
G INK. Every item of information shou: please write the causes of death clearly	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no opunknowo) (If yee, give war or dates of service) 320 - 10 - 70?) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	H INTERVAL BETWEEN ONSET AND DEATH OSCLENOTIC CHRONICAL BETWEEN ONSET AND DEATH OR RENAL DISCHOOL COMPANY CONGESTICAL
WITH UNFADING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO VHERE DID (If in Baltimore City, give exact location)
RITE Pr is especially impo	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY 21F. Homely certify that I attended the deceased from 22. I hereby certify that I attended the deceased from	ny occur? iow Did injury occur?
PLEASE W	24A. BURJAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR VS 150	MATORY 24D. LOCATION City, town, or county (State) MATORY 24D. LOCATION City, town, or county (State) MATORY 24D. LOCATION City, town, or county (State) RAL DIRECTOR ADDRESS MATORY 46/11 Park / Series (State) 13/9



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EVED FOR BI	Every item of write the cause
MARGIN RESERVED FOR BINDING	UNFADING INK. Physicians: please
	LY, WITH important.
	PLEASE WRITE PLA LY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and leg

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	T- 6- 50 RTH NO.	4118		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered l	nd118
1. (Ty	NAME OF E	DECEASED	yry	Turn-	21	OF DEATH MO	42,1950
A.]		City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived, If B. COUNTY	f institution : residence before admission)
HO	SPITAL OR	of the not in hospit	He la	ion, give street address or location)		outside corporate limi	ts, write RURAL and give township)
C	Length of	stay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	AVE.
	SEX Lynhe	6. COLOR OR RACE	WIDOW	E. MARRIED. ZED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	H Under I Year H Under 24 Hours onths Days Hours Min.
	done during most	CCUPATION (Give kind of tof working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	0	TEIN	THOME	14. MOTHER'S MAIDEN NA		V.S.A.
15. Yes.	WAS DECEAS	SED EVER IN U.S. ARMED	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT CATHERINE SCI		ADDRESS HUE
	(This doe heart fail	ASE OR CONDITION LEADING TO DEA' es not mean the mode of ure, asthenia, etc. It mea r complication which of	TH of dying, e. g ans the disease caused death.	A. Arter	ioselerotic C Vascy dar D	isease	INTERVAL BETWEEN ONSET AND DEATH
ATION	RISE TO	ES OR CONDITIONS. II THE ABOVE CAUSE (A) LYING CONDITION LA	STATING TH				
CERTIFIC	TRIBUTIN TO THE E	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ε ο τ			
AL	19A. DATE	OF OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
<u>U</u>	21A. EXTER PRIMARY CAUSE OF	RNAL CAUSE WAS OR CONTRIBUTING DEATH.		CE OF INJURY (e. g., in arm,factory,street,office bldg.,e		f in Baltimore City,	give exact location)
	2 ID. TIME OF INJURY	(Month) (Day) (Year)	, ,	21E. INJURY OCCURRENT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	the ev	vidence obtained by	said Auto		Autopsy, I Inquiry, find that said de		
-	23A. SIGNA		resulted fr	rom: natural causes	s ☑, accident ☐, suicide 23B CHIEF MEDICAL E ASSISTANT MEDICAL E	EXAMINER 23	BC. DATE SIGNED

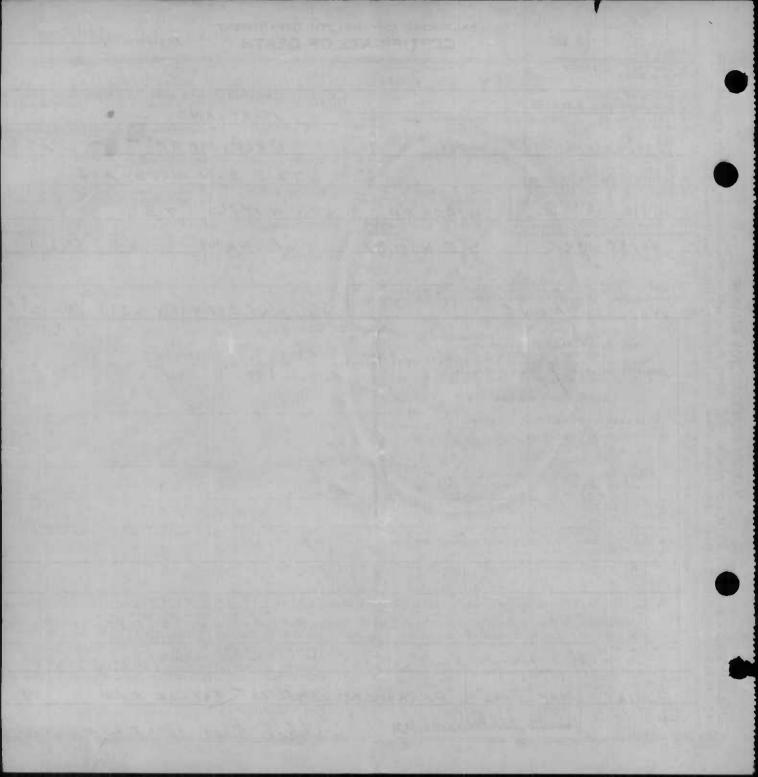
M.D. MEDICAL INVESTIGATOR MOU 3

(State)

BURIA C DATE RECEIVED BY LOCAL REGISTRAR

248. DATE

24A. BURIAL. CREMA-TION, REMOVAL (Specify)



1	A-5	13				V 50	4119
	N 50	4119	BALTIM	ORE CITY HI	EALTH DEPARTMENT	г Э	4119
BI	RTH NO DO	05770	CE	RTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF D	ECEASED	KY, BON	INIE.		2. DATE OF DEATH MA	1 1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE		nstitution ; residence before admission
	FULL NAME	OF (If not in hosp	oital or institution, g	ive street address or location)		If outside corporate lights	ner and
IN	STITUTION	Yanth. C	Balt St.	. Xhobb	ma l	n outside corporate in its	township
-		Janes	The same of the sa	Yrs.	D. STREET ADDRESS ()	rural, give location)	. 1
-		tay in Baltimore		Mos. Days	37 Ccc	be there	Marlowind
5.	SEX	6. COLOR OR RAC		ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Hast birthday) Mor	Under I Year Mours Min
10	A LIGHAL OC	CUPATION (Give kind	4 10- 1/11/2 05		man /3/95	0	20
work	done during most of	COPATION (Give kind of working life, even if retire	of 108. KIND OF	INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	NAME	Per li	A.	14 MOTHER'S MAIDEN	MAME.	1/
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARM (if yes, give war or da	ED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	De l. PAE	DDRESS
	18. 05	-7 1		CAUSE	OF DEATH	Umousky	INTERVAL BETWEE
		SE OR CONDITION	DIRECTLY	CAUSE	OF BEATH		ONSET AND DEAT
	(This does not mean the mode of dying, e.g., (A) Mencing College						
7		re, asthenia, etc. It m complication which		DUE TO			
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Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
FIC				(C)			
RT	OTHER S	II SIGNIFICANT CON	DITIONS CON-			(
CE		S TO THE DEATH, BU	ON CAUSING IT.	•••••			
7	19A. DATE C	F OPERATION	198. MAJOR FIN	DINGS OF OPER	RATION		20. AUTOPSY7
EDICAL		ENT, SUICIDE,		OF INJURY (e.g., i		(If in Baltimore City, g	YES NO Live exact location)
	HOMICIDE	(Specify)	about home, farm, fa	ctory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	210. TIME ((Month) (Day) (Yea	r) (Hour) 21E.	INJURY OCCURR	ED 21F, HOW DID INJUI	RY OCCUR?	
	OF MOOK!		m. WHILE		- CRA-	-35 P.	Par
	22. I hereb	y certify that I a	ttended the dece	eased from In	3, 1950, to	May 3 - , 195 ?	that I last saw th
	deceased al	live on	, 19, and	that death occur	red atm., from	the causes and on th	
	23A SIGNAT	TURE	1) 21 12 -		23B. ADDRESS	Se Mos	23c. DATE SIGNED
24	BURIAL,	CREMA 248. DATE	249	M. D. NAME OF CEMETE	RY OR CREMATORY 240	LOSATION (City, town,	
110	Derica (S	5/5	50 9	(cas) How	en lent 1	Ken Burni	> mel
	TE RECEIVE	D BY RESISTEA	R'S SIGNATURE	/ / /	25. FUNERAL DIRECTOR	10	ADDRESS 14
_8	MAY A - M	350		ORDALI I CA	Haml T.	Michked 410	1/ Celmonder
D	VS 150		- to Will	inuc. Hot	4 102 0	0 1	6

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O.C.	THE LIE PROPERTY.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	4121
Registered No.	

	. 6	,00	
9		50 4121 BALTIMORE CITY HE CERTIFICATI	
-	1.	NAME OF DECEASED	2. DATE
·na		ype or Print) Alice Las & Power	OF 5 4/50
eappinea.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	
y.	IN	FITTION Secons Home	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
and legibly		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
d le		Length of stay in Baltimore Days SEX 6. COLOR DE RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH S. AGE (In vers) If Under I Year I II Under I Year I II Under I Year
		Female While WIDOWED DIVORCED (Specify)	last birthday) Months Days Hours: Min.
arly a	10 work	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR done during most of working life, gven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
h cle		FATHER'S NAME	Vall: more
death clearly	12	Carrie O Liste	14. MOTHER'S MAIDEN NAME
of d	15 (Ver	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s. no or nnknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT 4518 ADDRESS
ises o	(100	s, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Tenasth L. Power Pen Lucy Rd - Wheland
		18. 572. / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
the ca		DISEASE OR CONDITION DIRECTLY	
ite t		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	THE CONTRACTOR
write		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	1
sase	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	culing Signord Diverticulari
bld :	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
Physicians: please	FIC		
sici	RTI	OTHER SIGNIFICANT CONDITIONS CON-	
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	svel .
4	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTOPSY?
rtant.	EDICA	21A. ACCIDENT SUICIDE, 21B. PLACE OF INJURY (e.g., i	n or 21C. WHERE DID (If in Baltimore City, give exact location)
important.	MED	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	to.) INJURY OCCUR?
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will fill	1	22. I hereby certify that I attended the deceased from	19, to 3, 19, that I last saw the
is es	1	, 10 - and that death occur	rred atm., from the causes and on the date stated above. 3B. ADDRESS
		Frank A. Taramon. o.	Bon Secorus Hosp 5/9/18
	TIC	AA. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	Park Balts. Md.
correct	D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7. 8		MAPES - 1950 Huntington Milliams, Mar	WM Cook Jac. 1217 St. Paul J.
		VS 150	1220

Letter in document file 50-4121 - 6/5/50.

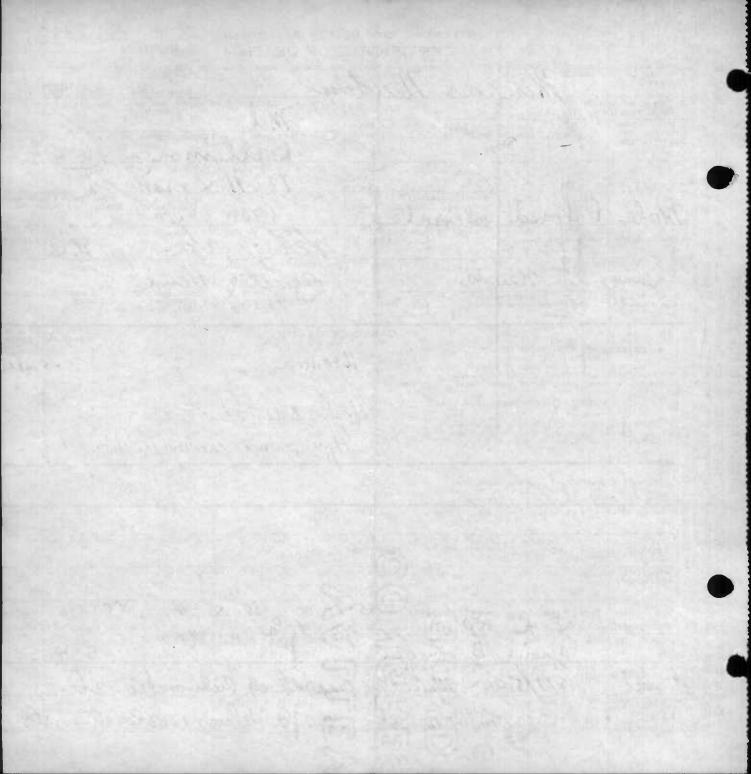
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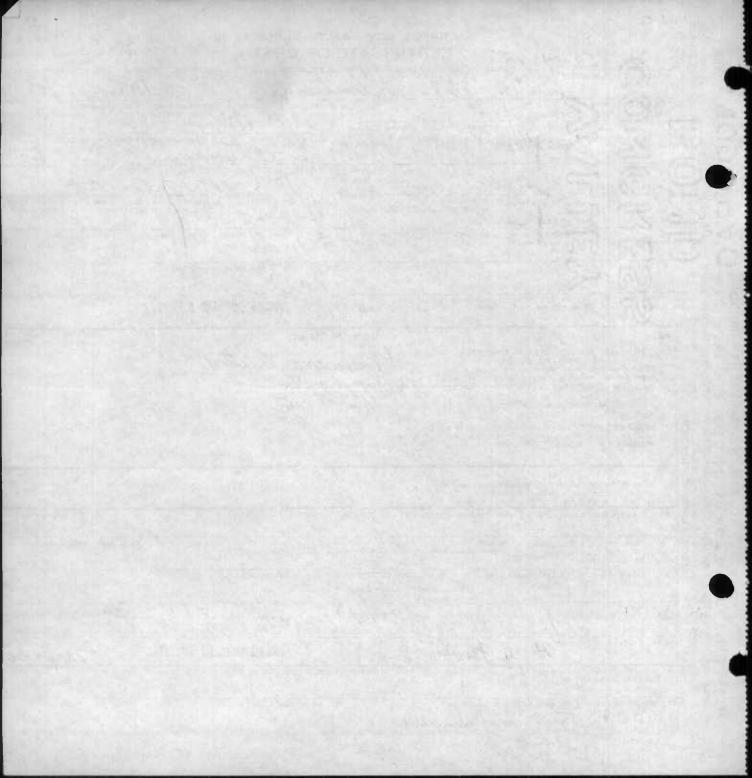
PLEASE correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) Harold Russell Shetter OF DEATH May 3, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTIONU.S. Marine Hospital, Balto., Md. East Berlin D. STREET ADDRESS (If rural, give location) Mos. Unk. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year last birthday) Months; Days Hours: Min. White Sep. 18, 1923 26 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Education Instructor Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Shetter Alverta Catherine Eagle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) SECURITY NO. Unk. Records - US Marine Hospital. Balto.. Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY Cerebral (left) cerebellor (right) LEADING TO DEATH Recent (Thia does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, hemorrhage. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Synovioma left knee with metastases 8 years DISEASES OR CONDITIONS, IF ANY, GIVING to lung, chest wall and mesentary. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Mar 27 19 50that I last saw the 19 50 to and that death occurred at 4:50 m., from the causes and on the date stated above, deceased alive on-23c. DATE SIGNED U.S. Marine Hospital, Balto. May 4. 1950 John L. Wilson, Medical Director 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B, DATE REMOVAL BERWIN UNION CEM DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

The said facility of the wholest year old on a beatle of one

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH MA efully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION toy'nship) MOS D. STREET ADDRESS Yrs. (If rura), give location) Mos. c. Length of stay in Baltimore Days information should be 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | | Under | Year | | Under 24 nous | | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of | 10B. KIND OF (BUSINESS OR Mork done during most of working life, even if retired 11. BIRTHPLAKE (State or foreign country) 12. CITIZEN OF INDUSTRY HAT COUNTRY! ON -ABURER 13. FATHER'S NAME 15. WAS DECEMED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL ADDRESS SECURITY NO. item INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Nephrosclevosis Hyperfeurive eardiovasc. dis. ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: n UNDERLYING CONDITION LAST. hysicians: (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in pr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 5. /-1950 that I last saw the WRITE ge is esp 1950, and that death occurred at 43 a.m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRE 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) CREMA-24c. 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY LOCAL REGISTRAR C VS 150





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CEPTIFICATE OF DEATH

A 727-44. O	CERTIFICATI	L OI BEATH	
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		(a) State (b) County	1 67
(b) Street address 505 zue	e muche	(a) State (b) County	1-0
(c) Hospital or institution:		(c) City or town	1
0-2	**************************************	(If outside city or town limits, write RUR.	AL and give town)
(d) Length of stay in hospital or inst. (yrs	moe or days)	(d) Street No. (If rural give location)
	1 41	(c) Citizen of foreign country?	(Yes or No
(e) Length of stay in Baltimore (yrs., mos	s., or days)	If yes, name country	
3 (a) FULL NAME Beache	Cuk		Da Hillian
3 (b) If veteran, name war 3 (c	c) Social Security Account	MEDICAL CERTIFICATION	
No.		20. DATE OF DEATH 5-3 1957	5 , at 7:384N
4. Sex 5. Color or race 6 (a) Sir divorced	ngle, married, widowed, or	21. I certify that death-occurred on the date above sta	
The left divorced	· W·	ed deceased from James 1 1948, to osc	75 1956
6 (b) Name of husband or wife	***************************************	and that I last sawh Malive on 5	950
6 (c) If a	alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.)	Sept 4/1900	Gulmany Feberenlow	
8. AGE: Years Months Days	If less than one day		
59 A	hr. min.	Due to	
9. Birthplace Taucaster	co Na		
(Town, con	nty and state)	Due to	
10. Usual Occupation Klowes	Me		
11. Industry or business		Other Conditions	
12. Name Doylagon 18	ckson	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace & aluchate	11/2-1/a.	Date of operation	Underline the
	· Bune del	Major findings of operation:	
14. Maiden Namey There	e runny		death should be charged statis
* 15. Birthplace Raucaster	40 1a-1	of autopsy:	tieally.
16 (a) Informant Pessie (1)	year Recel	22. If death was due to external causes, fill in the f	
(b) Address ball yill		(a) Accident, suicide, or homicide	
17 (a) Bureal (b) Date t	thereof May 6-195	(b) Date of occurrence	
(Burial, cremation, or removal)	(month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	inty) (State)
(c) Cemetery or crematory	agricin	(d) Did injury occur about home, on farin, industria	l place, in public
Location Myusty	- 11/0	place?	rk?
18 (a) Funeral director (1906)	a fruggote	(e) Means of injury	
1//2711			

VS 150

MAYD To 1950 istrar

23. Signature

Address

Date signed 3-5

M. D.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

	-	MANUAL VIDALES IN	WHICH THE TAXABLE TO	E
VRITE PLA	LY, WITH	UNFADING INK.	VRITE PLA LY, WITH UNFADING INK. Every item of information should be fully supplied	lied. The
is especially important. Physic	important.	Physicians: please	Physicians: please write the causes of death clearly and legibly.	500

152							
4126 BIRTH NO.	BAI	CERTIFICATI	EALTH DEPARTMENT	Registered No.	4126		
1. NAME OF DECEAS (Type or Print)	Eu Rith	R. EUAN.	5	2. DATE OF DEATH MAY	4. 1950		
3. PLACE OF DEATH: A. Baltimore City, M	Iaryland		4. USUAL RESIDENCE (Where deceased lived, I ins	titution /residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut	tion, give street address or location)		f outside corporate limits, v			
00 47	04 PARK HEIG	AKTS HOE Yrs.	BAITIMORE O STREET ADDRESS (II	f rural, give Jocation)	6 township		
c. Length of stay in	Baltimore	Mos. Days	4704 PARK	HEIGHTS HOE			
F	WIDOV W/	E. MARRIED. VED, DIVORCED (Specify) DOWED	MARCH 31, 1868	last birthday) Month	er l Yeer if Under 24 Hours Bays Hours Min.		
10A. USUAL OCCUPAT work dope during most of working HE HOME	ION (Give kind of 10B. KINE life, even if retired)	O OF BUSINESS OR INDUSTRY	MARY AND		WHAT COUNTRY USA.		
DANIEL A	bbott		FUCINDA B	ARNES			
(Yes, no or nnknown) (If ye	IN U. S. ARMED FORCES? er, give war or dates of service)	16. SOCIAL SECURITY NO.	FRIMANT FRIMANT	ESE WESTM	NSTER MO.		
18. 427.1	1		OF DEATH		INTERVAL BETWEEN		
(This does not m heart failure, asth	CONDITION DIRECTLY ING TO DEATH sean the mode of dying, e. cenia, etc. It means the disea cation which caused deat.	g., (A)	or andikis		4mm th,		
	CEDENT CAUSES	0.4	1500.		4		
DISEASES OR CORRESPONDENCE OF							
OTHER SIGNIF		buy 4mmil					
TRIBUTING TO THE OEATH, BUT NOT RELATED							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
21A. ACCIDENT. SU HOMICIDE (Spec		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City, giv	e exact location)		
2) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?			
22. I hereby cert	ify that I attended the	deceased from	9 4 , 195 q to h	104 4 , 1950	that I last saw th		
deceased alive on	may 3 , 1950,	and that death occur	rred atm., from	the causes and on the	date stated above		
7. 7. 80	- (3 arheri	M. O.	1723 Park H	LOCATION (City, town, or	tay 4 1950 (State)		
100, REMOVAL (Specify)	MAV 7 1950	CARROllton Chu	C C N	ESTMINISTER	MD.		
DATE RECEIVED BY	REGISTRAR'S SIGNAT	USE US US	25. FORERAL DIRECTOR		DDRESS		
WAT 5 - 1550		- ast minimals of the	Travers S	+ + 1	nd and		
130	and the second	e estation of a maritime of a	The	trunceter 11	1U. 73)		

FRED DE BABTERI 1720 Pack Hate Alex.

4. " 23 4 15HAY . 61"

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before admission)

Ji Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

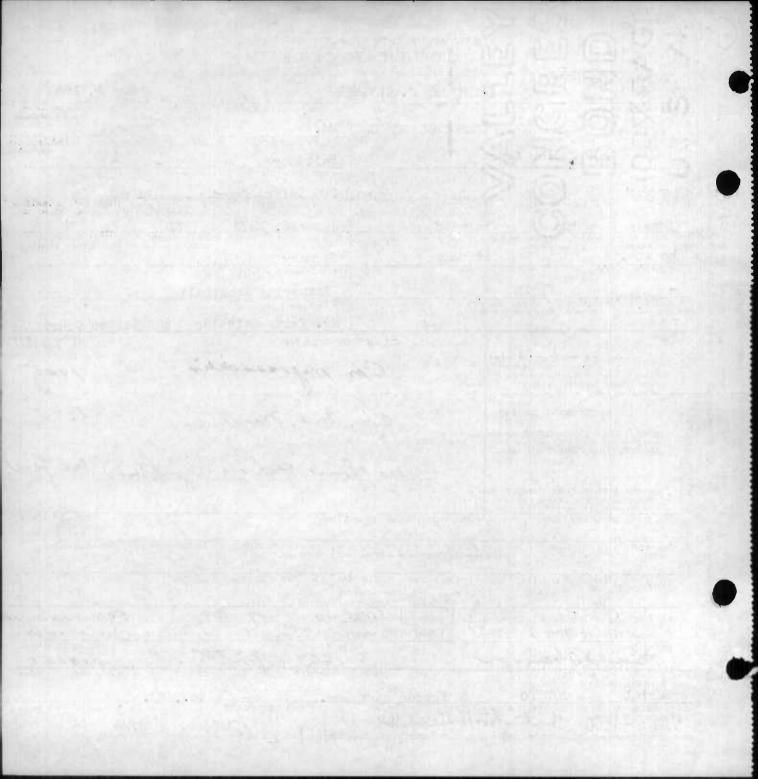
20. AUTOPSY

23c. DATE SIGNED

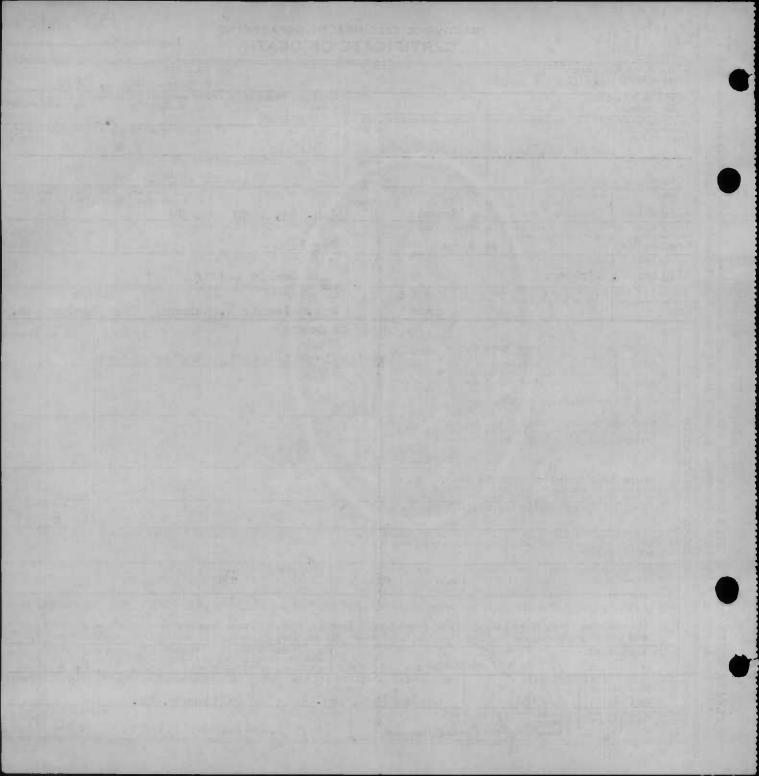
Stillbirth # 36424 - 4/29/50.

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	54-1	igi
William William I are distributed	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be fully supplied.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	very	ite t
TAN TOTAL	INK. E	ease wr
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1		7
	SE WRITE PL	age is especiall
	PLEA	correct

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50	14.92			EALTH DEPARTMENT	Registered I	ALEA-O
BIRTH NO.	1140		CERTIFICATI	E OF DEATH	Registered 1	10.
1. NAME O (Type or Pri	F DECEASED nt)	KATHE	RINE J. GEISS	LER	2. DATE OF DEATH	y 3, 1950
	re City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution; residence before admission
B. FULL NA HOSPITAL INSTITUTION			on, give street address or location)		f outside corporate limi	ts, write RURAL and give
(511)	209 Dallou	Court	Yrs.	Baltimore D. STREET ADDRESS (III	f rural, give location)	
	of stay in Baltimore		Mos. Days	209 Ballou Cour		
5. SEX	6.COLOR OR RACI		, MARRIED, ED, DIVORCED (Specify)	June 16, 1873		onths Days Hours Min.
IOA. USUAL	OCCUPATION (Give kind most of working life, even if retire	of IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)		12. CITIZEN OF WHAT COUNTRY
13. FATHER	S'S NAME			14. MOTHER'S MAIDEN N	IAME	
-	Klei			Katherine Scha	ttall	
15. WAS DEC	EASED EVER IN U. S. ARM	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no			no	Mr. Fritz Geiss	ler 209 Bal	llou Court
18.	81.0		CAUSE	OF DEATH		INTERVAL BETWEEN
DI	SEASE OR CONDITION LEADING TO DE		01	h and a di	4'-	
	does not mean the mode failure, asthenia, etc. It m	of dying, e. g		- myread		1943
	y or complication which			0		
Z	ANTECEDENT CAL	USES	(B) Ch	Ins. neps	relis	1945
RISE UND	ASES OR CONDITIONS, TO THE ABOVE CAUSE (A ERLYING CONDITION	A) STATING TH				
	11		(c) acrop	vais of dives	(Shypertrophic) One Jean
H TRIS	ER SIGNIFICANT CON	T NOT RELATE	D			
	TE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
310.00						YES NO
HOMICI	CIDENT, SUICIDE. DE (Specify)	21B. PLA about home, fe	CE OF INJURY (e. g., i irm,factory,street,office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
2 ID. TIN	ME (Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INS	N. 1	m. W	WORK NOT WHILE			
22. I h	ereby certify that I a	ttended the	deceased from GC	130 1949 to 7	ney 3 , 195	that I last saw th
decease	ed alive on pay 3	1950	and that death occur	rred at 4.9 p. m., from		
	SNATURE 3	/	2	38. ADDRESS	78	23C. DATE SIGNED
244 81101	AL CREMA- SAR DATE	one	M. D.	1663 W7/070X	LOCATION (City, town	or county) (State)
24A. BURI.	AL (Specify)			- 2	LOCATION (City, town	, or county) (prace)
Buria DATE RECE	EIVED BY PEGISTRA	R'S SIGNATU	Loudon Park	25. HUNERAL DIRECTOR	alto. Md.	ADDRESS /
MAY 5	CICTRAD	water //	Miane, MA	21m. J. Vice	ener & Am	s-balto Md
VS 15	ĵ.,	يتنام ووساء	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A.		12.10
				V		12412

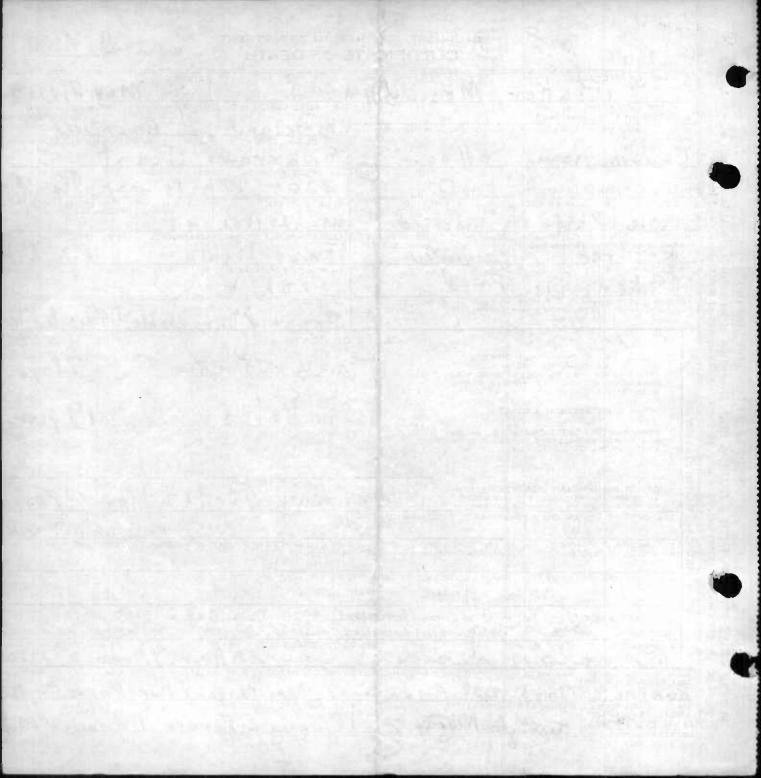


15	BALTIMORE CITY HE	SALTH DEPARTMENT 5	0 4129
5	0 4129 CERTIFICATE		
1.	NAME OF DECEASED W LAMB	2. DATE	1050
	PLACE OF DEATH:	OF May 2,	
Α.	Baltimore City, Maryland	A. STATE B. COUNTY Haryland	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		
11/	West Baltimore General Hospital	Baltimore 6	o township)
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	
_	Length of stay in Baltimore Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.	1615 Ellamont Street	1 Year If Under 24 Hours
5.	WIDOWED, DIVORCED (Specify)	last birthday) Months	
	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR		CITIZEN OF
	k done during most of working life, even if retired) at home INDUSTRY	Maryland	WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
W.	Illiam J. Wickham	Emma Amelia Ludwig	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	
I	none none	Mrs. Eleanor L. Ashman 2212 H	Roslyn Ave.
ERTIFICATION	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)		
RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL		n or 21C. WHERE DID (If in Baltimore City, give	YES X NO
EDICAL	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, etreet, office bidg., e		exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK		
	22. I certify that I took charge of the remains described a	bove, held an partial autopsy to	hereon and from
	the evidence obtained by said Autopsy, Inspection or l and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the d	lay stated above termined [].
		.D. ASSISTANT MEDICAL EXAMINER May	2, 1950
2. Ti	ON, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or c	ounty) (State)
	Burial 5/5/50 Loudon Park		DORESS,
	ATE RECEIVED BY COCAL REGISTRAR'S SIGNATURE MAY 5 1950 MAY 5 1950	Wm. J. Tickney + Sars -V	Salto Wid
VS	5 151 B 150	9:	2) 1/



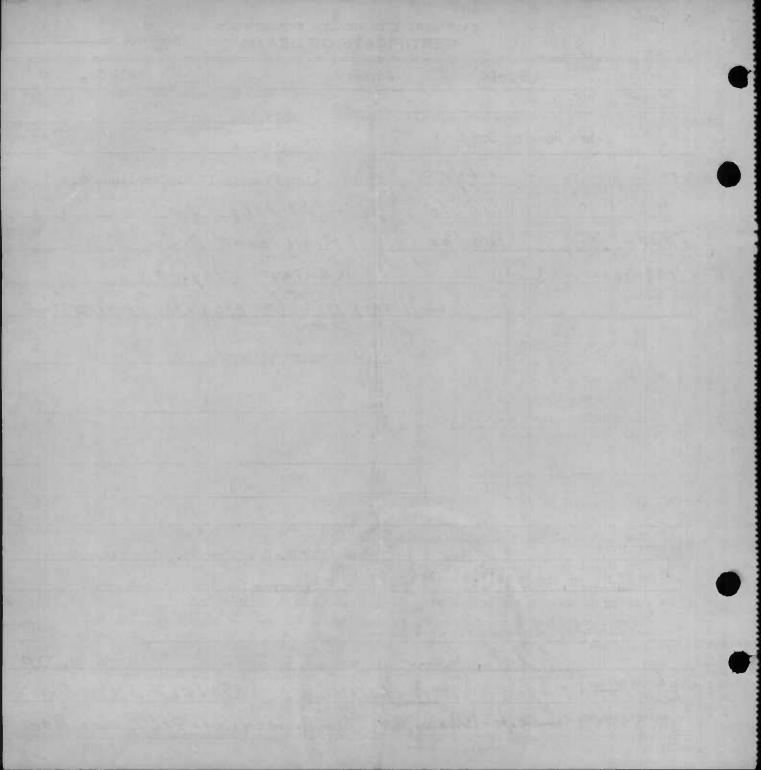
H Under 1 Year If Under 24 Hours last birthday) | Months; Days | Hours: Min. 12. CITIZEN OF WHAT COUN ADDRESS NTERVAL BETWEEN (If in Baltimore City, give exact location) _, 190, that I last saw the 1950, and that death occurred at 9,250m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) MAY 5 - 1550 VS 150 want of the same

before admission)



(If outside corporate limits, write RURAL and give (If rural, give location) floor, 417 S. Caroline St. 9. AGE (In years) If Under | Year | Il Under 24 Hours | Months | Days | Hours | Min. If Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS WOOD NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 24D. LOCATION (City, town, or county)

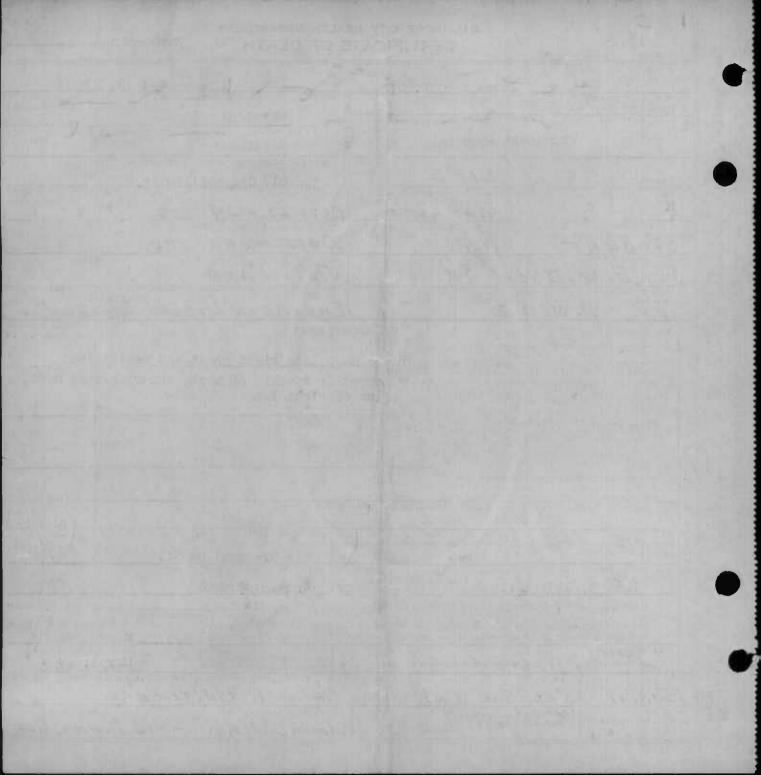
before admission)



1. N (Tyr) 3. F A. I B. F HOS INS	TH NO. NAME OF DECEASED pe or Print) James F. Gibson PLACE OF DEATH: Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or location) FITTUTION Provident Hospital Yrs. Mos. Mos.	2. DATE OF OF MAY 3, 1950 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission bef
3. F A. I B. F HO: INS	James E. Gibson PLACE OF DEATH: Baltimore City, Maryland ULL NAME OF SPITAL OR SPITAL OR Incation) Provident Hospital Yrs. Mos.	DEATMAY 3, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and grants)
a. H	PLACE OF DEATH: Baltimore City, Maryland ULL NAME OF SPITAL OR Provident Hospital Provident Hospital Yrs. Mos.	A. STATE B. COUNTY before admission Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and groupe township)
c. I	Provident Hospital Yrs. Mos.	C. CITY OR TOWN (If outside corporate limits, write RURAL and g
c. I	Provident Hospital Yrs. Mos.	townsh
5. 5	/ E = Mos.	
5. 5	21.00.	D. STREET ADDRESS (If rural, give location)
	Days	619 Greenwillow St.
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years It linder ! Year It under 23 Hours Minches Days Hours Minches 23 Hours Minches Days Hours Minches 23 Hours Minches Days Hours Minch
	. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work	INDUSTRY Of UDENT V. A.	BAITIMORE. MO. WHAT COUNTR
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	AS F. GIRSAN SR.	VIOLA CARR
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDITION
(Yes,	po or unknown) (If yes, give war or dates of service) SECURITY NO.	ElizABETH GIBSON-GREENWILLOW
	injury or complication which caused death.) DUE TO Lacera	age into right chest and mediastimal tion of skin of neck, superior vena cava, of right lung
NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
CA		
E	(C)	
E T	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
8 -	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY1
	TOR. BATE OF OFERATION	YES X NO
Y -	21A. EXTERNAL CAUSE WAS _ 218. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
0	PRIMARY X OR CONTRIBUTING about home, farm, factory, street, office bldg	619 Greenwillow St.
<u>₩</u> -	Home 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
	OF INJURY NOT WHILE	
-		
	22. I certify that I took charge of the remains described of	Autopsy, Inspection or Inquiry
		Inquiry, find that said deceased died on the day stated above \Box , accident \Box , suicide \Box , homicide \Box \mathbf{x} undetermined \Box .
	23A. SIGNATURE H. Devlacher M.	238. CHIEF MEDICAL EXAMINER 236. DATE SIGNED ASSISTANT MEDICAL EXAMINER May 3, 1950

RY?

BAITIMORE NATIONAL BAITIMORE
UNE 25. FUNERAL DIRECTOR A DATE RECEIVED BY LOCAL REGISTRAR ADDRESS WM. A. JACKSON - 916 PENNA, AUE. VS 151



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	n should be	learly and legibl
DATIONI	f information	es of death c
MANGIN ABSERVED FOR BINDING	very item of	rite the cause
VESER V	INK. E	please w
MARKIN	PLEASE WRITE PL LY, WITH UNFADING INK. Every item of information should be	Physicians: please write the causes of death clearly and
	LY, WITH	correct age is especially important. Phys.
	E PL	specially
	E WRIT	age is es
	PLEAS	correct

0	36 4130 RTH NO.	3	BAI		EALTH DEPARTMENT	Registered 1		4133
1. (T:	NAME OF D		DORA PO	RTER		of May	1,	1950
A.		City, Maryland			4. USUAL RESIDENCE (W	- COLINITY	institu	ution : residence before admission)
HO	FULL NAME DSPITAL OR STITUTION	4662 Fall		ion, give street address o Iocation		outside corporate limi	ts, writ	BURAL and give township
		stay in Baltimore		Yrs. Mos. Days		Road		
ad.	emale	Color or RAC	7. SINGLE WIDOW Sin	E. MARRIED. VED. DIVORCED (Specify ISIE	Jan. 14, 1992	9. AGE (In years last birthday) Mo	f Under 1	Year If Under 24 Hours Days Hours Min.
work	None . FATHER'S	CCUPATION (Give kind of working life, even If reting	lof IOB. KINE	O OF BUSINESS OR INDUSTRY	HOWARD CO. MC	1.		CITIZEN OF VHAT COUNTRY
	Unkn	nown			Unknown		VIII.	
(Yes	, no or unknown)	ED EVER IN U.S. ARI	IED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Dorine McBride		DDRE	
CERTIFICATION	heart failt injury or DISEASE RISE TO TUNDERL'	s not mean the modure, asthenia, etc. It recomplication which and a complication which and a complication which are complication with a solution of the complication of the pearth, business or conditions.	neans the disease of caused death uses in IF ANY, GIVII A) STATING TO LAST.	(B)	oronay Hed	rombosis ut Dives	٠,	'ylar
ار		OF OPERATION O		FINDINGS OF OPE	RATION			20. AUTOPSY?
MEDICA	HOMICIDE	ENT. SUICIDE, (Specify) (Month) (Day) (Ye	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	etc.) INJURY OCCUR?	f in Baltimore City,	give ex	
			ttended the	while at Not while at work deceased from and that death occu	20, 1949 to V	hc causes and on t		
24 H0 B1	23A SIGNA	TURE AND TOTAL	allen		238. ADDRESS 848 W 36 ERY OR CREMATORY 240. LC	DCATION (City, town imore, Md.	230 3	DATE SIGNED
DA	ATE RECEIVE DCAL REGIST	D BY REGISTRA	R'S SIGNATU		25. FUNERAL DIRECTOR Holland Funer 1631 Druid Hi			PRESS
	VS 150	Salah Salah	establication.	in the County of which	4 5 0		9	4a

CONTRACTOR OF STREET Charles Market Charles

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GREEN OF WALTER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if instrution: visidence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION legibly. Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED DIVORCED (Secily) and 6. COLOB OR RACE 8. DATE OF BIRTH AGE (In years last birthday) should narrie clearly 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information resser death 13. FATHER'S NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes Jo 16-10-729 18. 002X CAUSE OF DEATH FOR the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) QUE TO ANTECEDENT CAUSES INK. CATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. E (C) ERTIF H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE , 19 Shat I last saw the 22. I hereby certify that I attended the deceased from RITE is esp deceased alive on May 2, 19.50, and that death opcurred at_ from the causes and on the date stated above. m .. 238. ADDRESS 23A, SIGNATURE PLEASE W BURLAL, CREMA 248. DATE TION, REMOVAL (Specify ura DATE RECEIVED BY REQUETRARIS SIGNATURE LOCAL REGISTRAR VS 150 いっていかんなっ きょうしん こいまとうりのからか

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

NO

YES

M Under 1 Year

ADDRESS

Months Days Hours Min.

12. CITIZEN OF

parent fell Mile. dillane freed Daltemore 1910 81 fold 191. - 66/2 66/6/E make white atom lades Joseph Hall Luck Ell

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

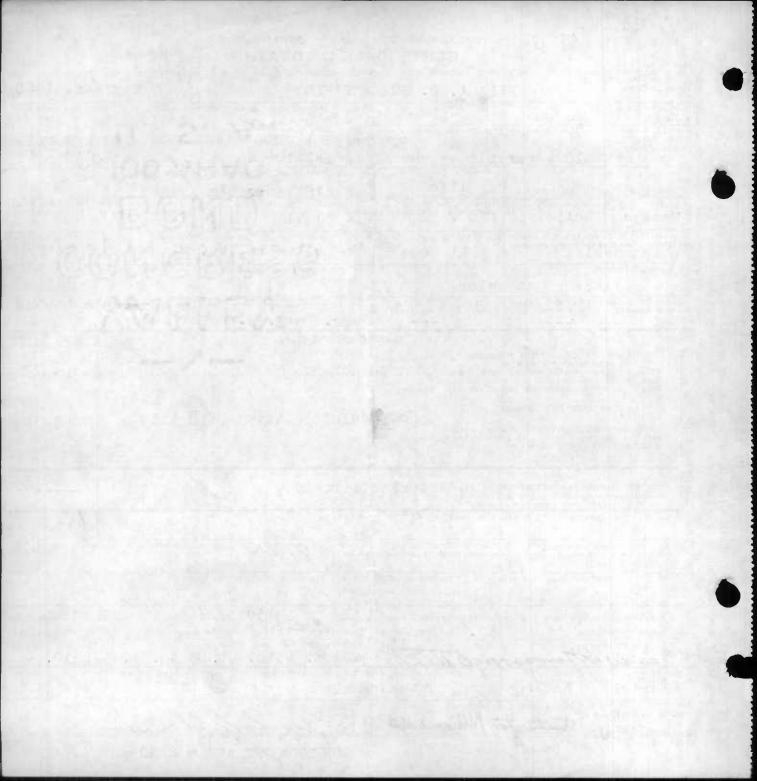
4136 Registered No.

BIRTH NO

1.	NA	ME	OF	DE	CE	ASE	D
(T)	ype	or l	Print)			

2. DATE

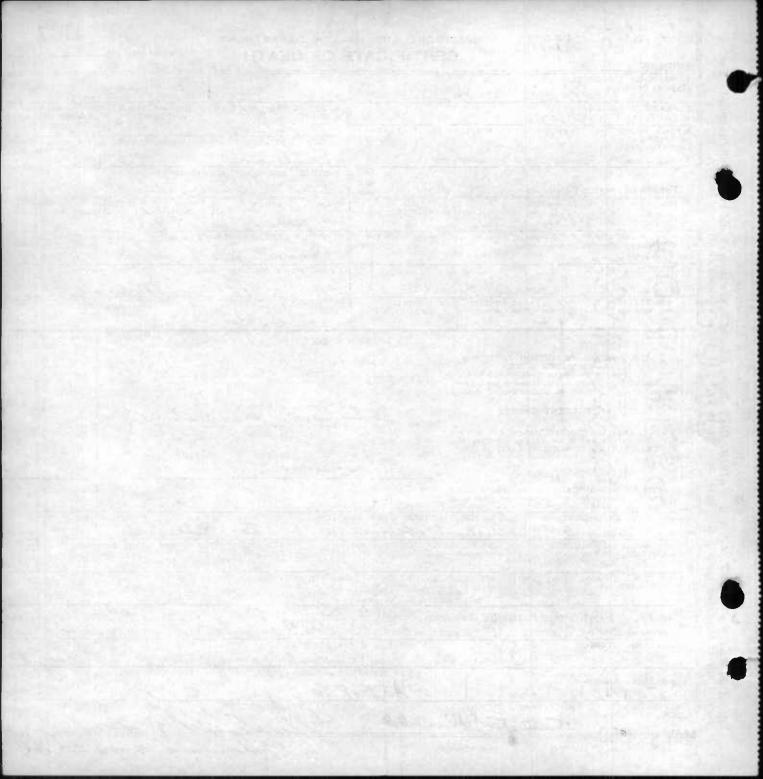
\	, , , , , , , , , , , , , , , , , , , ,		ELLA A	. B. WESTER	LIETD.	DEATH	y 211d, 1950
	PLACE OF DEATH Baltimore City,				4. USUAL RESIDENCE	(Where deceased lived, In B. COUNTY	f institution: residence before admission)
В.	FULL NAME OF		tal or institu	tion, give street address or	E	B. COON 1 1	before admission)
	SPITAL OR STITUTION			location)	c. CITY OR TOWN	(If outside corporate limi	its, write RURAL and give
1	20	618 ven s	rable	Avenue	Baltimore	9	-03 township)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	Length of stay i			Days Days	618 Ven	ole Avenue	
		olor or RACE White	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last dirthday) M	If Under 24 Hours on the Days Hours Min.
10 work	doneduring most of work HOSUEW	ATION (Givekinder inglife, even if retired)	108. KINI	t Home	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		-		14. MOTHER'S MAIDEN	NAME	
	walla	ce n Bat	chelor		(?)		
15 (Yes	. WAS DECEASED EV , oo or uoknowo) (16	ER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Benj. F.V	618 Ven	appetes Avenue
1	18. 1921	/		CAUSE	OF DEATH	1000111011	INTERVAL BETWEEN
	DISEASE OF	R CONDITION	DIRECTLY		o. DEXIII		ONSET AND DEATH
	LEA	DING TO DEA mean the mode	TH	. (A) Acute	Uremia		about 12hr
	heart failure, as	thenia, etc. It men	ans the diseas	e.			
-		ECEDENT CAUS					
z				Chronic	Interstitial	Nephritis	unknown
0	DISEASES OR	CONDITIONS, I	F ANY, GIVII	NG .			
A	UNDERLYING	CONDITION L	AST.	(C)			
				(0)			
RTIFICATION	OTHER SIGNI	FIGANT COND	ITIONS CO	- Arterioscl	erogia		
Ш	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	D	OTODID		
0	19A. DATE OF OP			FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>							YES NO
EDICAL	21A. ACCIDENT LYING☐ OR COI CAUSE OF DEAT	NTRIBUTING	21B. PL. about home,	ACE OF INJURY (e. g., I farm, factory, street, office bldg.,	n or 21c. WHERE DID otc.) 1NJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME (Mont	h) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I hamaha aan	stife that I at		deceased from 3/1	1/ 10.50/	5/2/ 10	501-111-1-11
	deceased alive of	h 1 3 1			red a ?: 30n. From	the enumer and on t	5,0 hat I last saw the
	23A. SIGNATURE		_, 1904.		3B. ADDRESS	m the causes and on t	23c. DATE SIGNED
ľ	900-W.	Maryo	+tmed	1110 M.D. 4	01 E. 25th. S	st. Balto.Md.	5/4/50.
24	A. BURIAL, CREMA	A- 248. DA E		24c. NAME OF CEMETE	RY OR CREMATORY 240	. LOCATION (City, town	n, or county) (State)
110	burial	5/6/50		Cathedral	Cem /	City	
DA	TE RECEIVED BY	REGISTRAR	S SIGNATA	JRE	5. FUNERAL DIRECTO	OR _	DDRESS
20	TAL REGISTRAR	Thinking.	标则	iana, M.	Meselon	lelel x 1	~/
M	Y 5 - 1330	2		A . 1955	WIEDEFELD &	SON	
			200-191-101-10	5.46.30 A. A. A.	GREENMOUNT	AVE & 22ND	13/a



50 4137

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

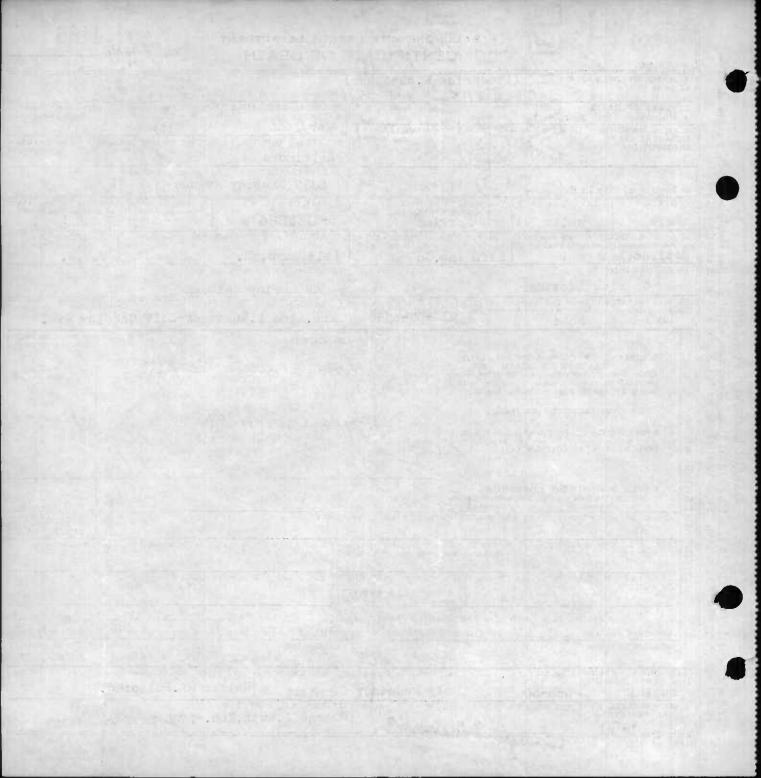
	BIRTH NO. CERTIFICATE	E OF DEATH Registered No_					
	1. NAME OF DECEASED	2. DATE					
	(Type or Print) CARTER Mr James -		lay 50				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland					
	HOSPITAL OR location)	C. CITY OF TOWN (If outside corporate limits, w	rite RURAL and give				
	Church Home & Hospital	Baltimore 17-	O Cownship)				
	3 5 Yrs.	D. STREET ADDRESS (If rural, give location)					
	c. Length of stay in Baltimore	2020 St Gaul Se					
	Male White Widowed (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 24 Apr 1872 18	l Year It Under 24 Hours Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)		CITIZEN OF				
	Unknown	Connecticut	USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	CARTER, James Henry	GREENFIELD Mary	1				
	15. WAS DECEASED EVER IN 0. S. ARMED FORCES? (Yes, no or unknown) (If yes (give war or dates of service) SECURITY NO.	17. INFORMANT	RESS				
	no -	Self					
	18. (70 J . CAUSE C	OF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		ONSE! AND DEATH				
	(This does not mean the mode of dying, e.g., (A)						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
	ANTECEDENT CAUSES (B) Intestinal obstruction						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	UNDERLYING CONDITION LAST.	aima					
	(c) Cah	ceons					
	OTHER SIGNIFICANT CONDITIONS CON-						
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?				
	O STATE OF THE PARTY OF THE PAR		exact location)				
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., et						
.	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?					
.	OF INJURY WHILE AT NOT WHILE						
	m. WORK L AT WORK L	man 1050. 16 man 1050.					
	22. I hereby certify that I attended the deceased from	may 1950, to 4 may, 1950, ti	hat I last saw the				
	deceased alive on 1 23A. SIGNATURE. 1250. and that death occur	red at \mathcal{L} m., from the causes and on the cases	ate statea above.				
	Richard M. Farrell M.D. C	hurch Home + Hospo !	4 may 50				
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (Mity, town, or					
	DUBIAL S. J. JO PARKY	VOOD CITY					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE		DRESS				
	LOCAL REGISTRAR Tutington Williams, No.	Therebolet & da	2/				
	MINISTERS IN THE CONTRACTOR IN THE		-111				
	130	Ifferment 4 20					



12	-3.	56
12	50	4138

BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.	ALCIO		CERTIFICATI	E OF DEAT	'H R	egistered l	Vo
	NAME OF D ype or Print)			ick M.Buettner		2. DAT OF DEA	5	1/3/5-6
	PLACE OF D Baltimore (4. USUAL RESID	ENCE (Where dece		institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or location)			ity	
	STITUTION	2	Hos	by tal	c. CITY OR TOWN	(If outside co	rporate limit	ts, write RURAL and give township)
L	12	Juan	()		Baltimore	MILE STATE	27-1	25
				Yrs. Mos.		ESS (If rural, give	e location)	
c.	Length of s	tay in Baltimore		Life Days	3317 Ches	sley Avenue		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRT			Under 1 Year If Under 24 Hours
	Male	White	M	ved, DIVORCED (Specify) arried	5-II-I884	last		onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIN	OF BUSINESS OR	11. BIRTHPLACE	State or foreign cou	ntry)	12. CITIZEN OF
R	etired (Ma	anager)	Life	Ins.Co	Baltimore,	Md.		U.S.A.
	FATHER'S			-40,00	14. MOTHER'S MA		1	0.001.0
	Charl	Les Buettner			Kuthanin	e helbach		
15		D EVER IN U. S. ARMEI	FORCES?	I 16. SOCIAL		e Helpacii		
(Ye	, no or nnknown)	(If yes, give war or date	s of service)	212 ECURITY NO.	17. INFORMANT	.Buettner-3		DDRESS
_	No	None		OLOO	TILE WINS T	Due coner-c	OI VIE	stey Ave.
	18. 44	3 X .		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY					- /
	(This does	LEADING TO DEA	TH of dving, e.	a leve	mo vascu	la lice,	Lever	5 days
	heart failu	re, asthenia, etc. It mea	ns the disea	se,		***************************************		
	mjary or	complication which	aused deat	n.) DUE 10	/			
		ANTECEDENT CAUS	SES	2/0	we trans	10 Ch. 10		Vous
6	DISEASES	S OR CONDITIONS, 1	F ANY GIVE	(B)	que trusu cas	a outa	1	
B	RISE TO T	HE ABOVE CAUSE (A)	STATING T	HE DUE TO	Oas	uleu (lisear	e
ERTIFICATION	ONDERE	ind condition b	(51.					
프		II		_(c)	•••••			
F	OTHER S	SIGNIFICANT COND	TIONS CO	N -				
빙		TO THE DEATH, BUT						
				FINDINGS OF OPER	ATION			20. AUTOPSY?
A		0						YES NO
EDICAL		NT. SUICIDE.	218. PL	ACE OF INJURY (e.g., in	or 21c. WHERE I	OID (If in Balt	imore City, 1	give exact location)
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCL	JR7		
Σ	21p. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCUR	7	
	OF INJURY	(, , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE				
			m.	WORK AT WORK			12000	
	22. I hereb	y certify that I, att			5/2, 195			2, that I last saw the
	deceased al	live on 5/3	19 60,	and, that death occur	red at 12 15m.	., from the cause	s and on th	he date stated above.
	23A. SIGNAT	TURE	5	1/2-0 2		1-155		23C. DATE SIGNED
			502 G	M.D.	(My	car 100}	Pidue	5/3/50
710	N. REMOVAL (S	DREMA- 24B. DATE		24c. NAME OF CEMETE				
1	Burial	5-6-50		Holy Redeemer	Cemetery	Belair Rd.	Balto:M	id.
D	TE RECEIVE	D BY REGISTRAR			25. FUNERAL DIF			ADDRESS
LC	CAL REGIST	RAR	. 14/1	11	George J.Ru	th, Inc173	5 Harfo	rd Avenue
31	Y 5 - 135	1	to W					
4415	11 WS 150	Thursday		Contraction of the Contraction o	20	A STATE OF		927
1		S. Japan	~ 500 SATIONS	1300	U)			1-/



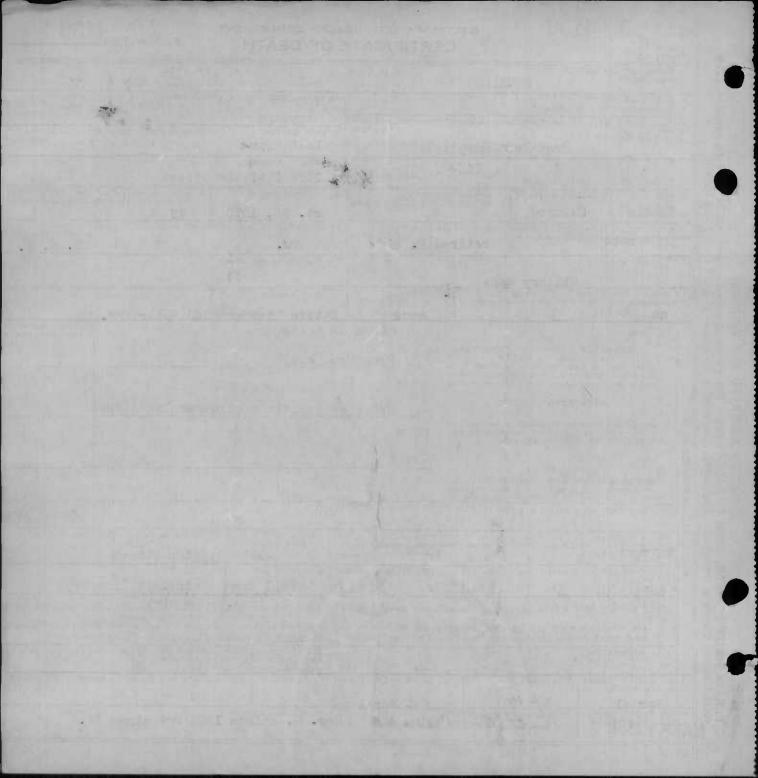
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BALTIMORE CITY HEALTH DEPARTMENT

50 Registered N 4139

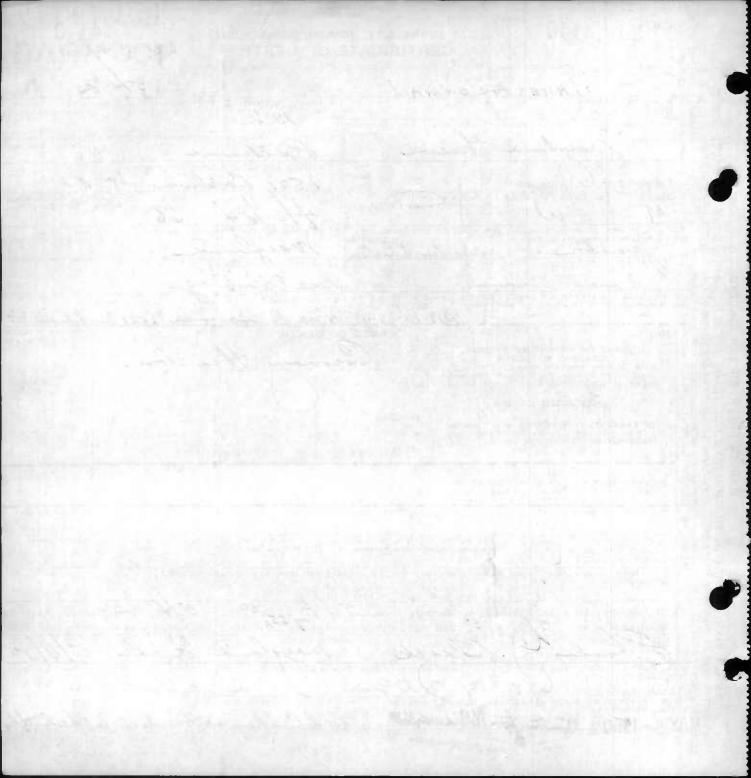
ВІ	RTH NO.			CERTIFICATI	OF DEATH			
1.	NAME OF D				77/30	2. DATE OF Many	3000	
DEVENDER					WADE	DEATH MAY 4,		
	Baltimore (EATH: City, Maryland			A. STATE	(Where deceased lived. If inst B. COUNTY	before admission)	
	FULL NAME	OF (If not in h	ospital or institut	tion, give street address or location)	Maryland	If outside corporate limits, w	nite DIIDAI and nive	
	STITUTION	Provi	dent Hosp		Baltimore	11 outside corporate minis, w	township)	
10	7	110/1		V	D. STREET ADDRESS (If rural, give location)		
-	Length of s	tay in Baltimo	Lif	Mos. Days	2126 Division			
-	SEX	6. COLOR OR RA	ACE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years if bid last birthday) Month	r 1 Year If Under 24 Hours	
	Female	Colored	t Wibov	VED, DIVORCED (Specify)	Oct. 26, 1870	79	Days Hours Mill.	
10	A. USUAL OC	CUPATION (Give k	indof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF WHAT COUNTRY?	
	YOU	G. or True trie at on 11.10	reti	red H. Wife	Md.		U. S. A.	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
		Hiller	y Wade		??			
15 (Ye	. WAS DECEAS	ED EVER IN U. S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
	no			none	Hattie Thompson	266 Robert St.		
	18. E 9	100.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	(This does	SE OR CONDITI LEADING TO s not mean the m ire, asthenia, etc. It complication wh	DEATH ode of dying, e. t means the diseas	g., (A) Fractu	red skull			
	,	ANTECEDENT O						
-	(B) Arteriosclerotic cardiovascular disease							
Ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
AT	UNDERL	TING CONDITIO	LASI.					
F		II -		(C)				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Ü		F OPERATION	The second secon	FINDINGS OF OPER	ATION	20. AUTOPSY?		
AL					n or 21c. WHERE DID	(If in Baltimore City, give	YES NO	
EDICA	PRIMARY A	NAL CAUSE WA	NG about home.	ACE OF INJURY (e. g., inform, factory, street, office bldg., e	to.) INJURY OCCUR?		/	
	CAUSE OF			home		ivision Street	141,3	
Σ	OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR			130)	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry Autopsy, Inspection or Inquiry								
							hereon and from	
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state and death in my opinion resulted from: natural causes ☐, <u>accident</u> ☒, suicide ☐, homicide ☐, undetermined						etermined .	
	23A. SIGNA	TURED ,	Julin	A- M	ASSISTANT MEDICAL .D. MEDICAL INVESTIGATION		5-5-50	
24 TI	AA. BURIAL.	CREMA- (248. DA	₹E	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)	
	Burial	5/		Cathedral		Md		
A	CAL RECEIVE	RAR REGIST	RAR'S SIGNAT		Geo. G. Kelson	1303 Presstman	ppress	
	151	1 ,000	NIN PERMETA	Single Manager		101	0 . /	
1 42	N-8	03.7				186	al	



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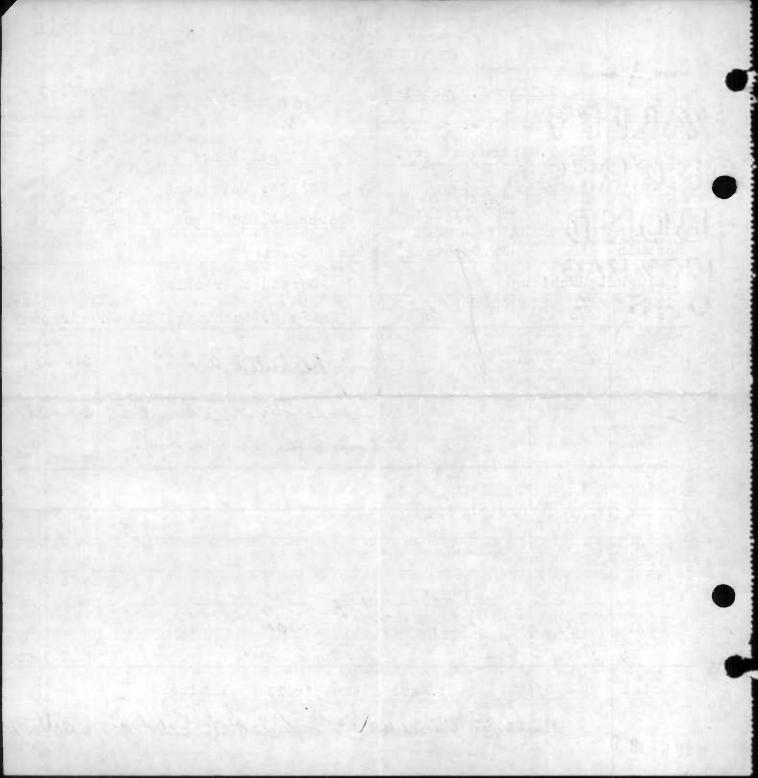
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No.
I. NAME OF (Type or Print)		HBOWMAN		2. DATE OF DEATH 5/4/50
3. PLACE OF A. Baltimore B. FULL NAME	DEATH: City, Maryland	tal or institution, give street address or	A. STATE	Where deceased lived. If institution : residence B. COUNTY before admission
HOSPITAL OR INSTITUTION	Mayland	2 Lacrol location)		outside corporate limits, write RURAL and g townsh
c. Length of	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	Lever St #11
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years If Under 1 Year If Under 24 Ho Norths Days Hours Mi
IOA. USUAL O	CCUPATION (Give kind of of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S	NAME	uman views	14. MOTHER'S MAIDEN N.	AME
15. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Days B Baue	ADDRESS BALLEN H
DISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which	DIRECTLY .TH of dying, e. g., ans the disease,	of DEATH	INTERVAL BETWE ONSET AND OEA
RISE TO	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVING STATING THE OUE TO AST.		
W TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	e te suji	
19A. DATE	OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
2 IA. ACCI LYING ☐ C CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (1 etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
2 ID. TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?
22. I here	by certify that I dt	tended the deceased from 3, 1930, and that death occur	red at 7 55 m. from t	he causes and on the date stated about
23M. SIGN	ocles (Bluck M.D. 2	May land	Everal 23c. DATE SIGNE
24A. BURIAL. TION REMOVAL (Specify, may 8	1950 Int Zion	. () Bla	ch Roch Rd. (State
LOCAL REGIS	REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	etts. 3615-17 letestates
VS 150	E. Jodhane	740	911	94a



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OK	item	100 00
VED F	Every	to times
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MARGIN RESERVED FOR B	PLEASE WRITE P. NLY, WITH UNFADING INK. Every item o	pormost ago is concern to improve out Dhysioians whose write the came
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	PLEAS!	+oomaco

2-1	C/1	BAL	TIMORE CITY HI	EALTH DEPARTMENT	5	0 4141
BIRTH NO.	50 4141		CERTIFICAT	E OF DEATH	Registered	No
1. NAME OF (Type or Print)	Willi	am F.	Suchting		2. DATE OF DEATH MAJ	3, 1950
	City, Maryland	tal or institut	ion, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased lived, I B. COUNTY	f institution : residence before admission)
HOSPITAL OR INSTITUTION	2611 W. F		location)			its, write RURAL and give township)
	stay in Baltimore		Yrs. Mos. Days	2611 W. Fair	rmount Ave	
M.	6. COLOR OR RACE	MIDON	E, MARRIED, /ED, DIVORCED (Specify) ried	8. DATE OF BIRTH March 24, 1866	9. AGE (In years last birthday) M	onths Days Hours Min.
TOP EMAN	CCUPATION (Give kind of t of working life, even if retired)	Wm. Su	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or formany	oreign country)	12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S	NAME Ist Suchting	,		14. MOTHER'S MAIDEN N Dorothes Gr		
15. WAS DECEAS	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Marie E. Such		ADDRESS AV
RISE TO UNDERL	(c) Wife the control of the control					in 6 months
O TO THE E	OF OPERATION	CAUSING 1		RATION		20. AUTOPSY?
	DENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City,	yes No
CAUSE OF	DEATH (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	RED 21F. HOW DID INJUR		
	alive on May 3			rred at 1.30 km., from t	the causes and on	the date stated above.
24A BURIAL	CREMA: 245 DATE	linan	M. D. 24C. NAME OF CEMETE	192, w world	LOCATION (City, town	May 4, 1550.
Burial DATE RECEIVI	ED BY REGISTRAR	'S SIGNATU	St.Paul's V	ioletville Ba	A Code / 10	ADDRESS ALL SH
AY 5'= 155	O Many		Marin Children on Ath	Juginer !	1, 0,000/7	1310



sive Cardio-Vascular Diseace 20. AUTOPSY? (If in Baltimore City, give exact location) thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident I, suicide I, homicide I, undetermined I. 24D. LOCATION (City, town, or county) ADDRESS en 1902 Butaw

before admission)

Hours: Min.

WHAT COUNTRY?

ONSET AND DEATH

NO

If Under 1 Year

ADDRESS

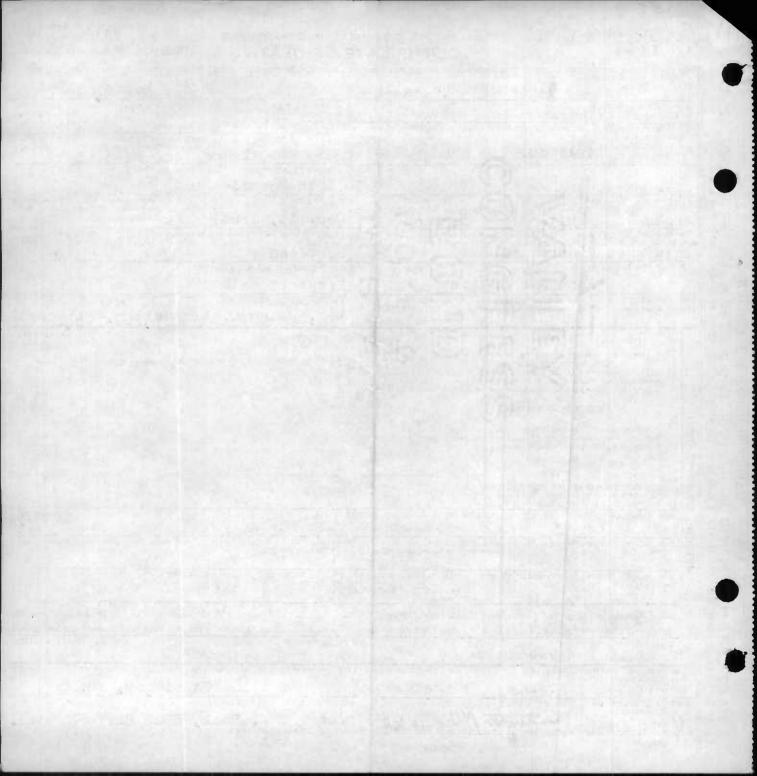
12. CITIZEN OF

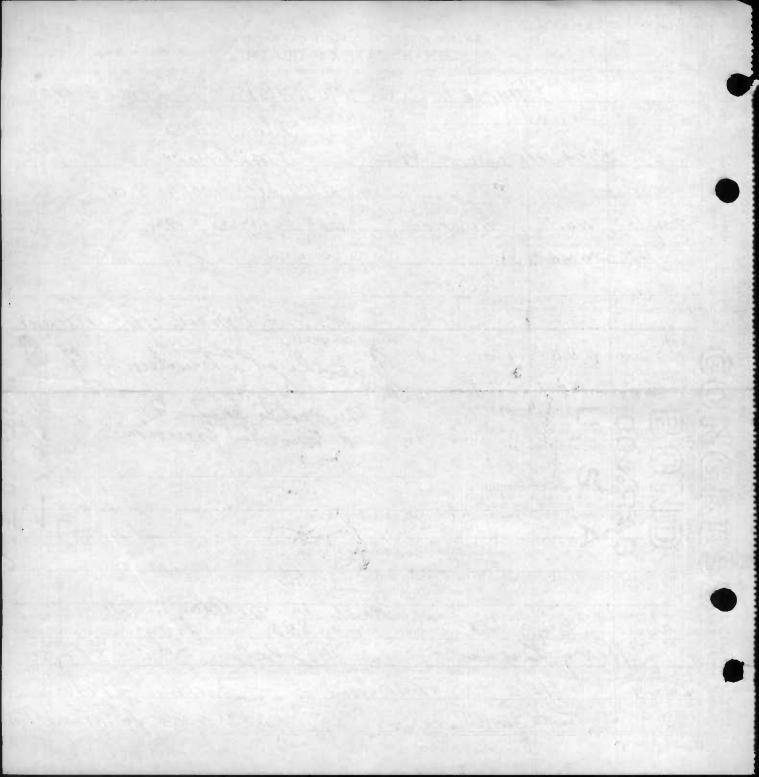
male interes 36 11 3 1 atum and promote for a final production 11. W. J. B. H. J. 27 Primary 1878 41 By what was to the wife the second

	upplied.	
	fully s	2 4 7 4 7 4
MARGIN RESERVED FOR BINDING	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be sfull	Por principal de la company de
MARGIN RESI	UNFADING INK	A 11 Divientes promo
	LY, WITH	IIII POL COMO.
	PLEASE WRITE PL	correct age is especially

50 4144 Dr. Sawyer BALTIMORE CITY HEALTH DEPARTMENT

BI	선도실설 RTH NO.			CERTIFICAT	E OF DEATH	Registered No		
1.	NAME OF D					2. DATE		
(T	(Type or Print) Alexander Mac Callum OF May 4, 1950							
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W)	here deceased lived. If in B. COUNTY	stitution: residence before admission)	
₽.	FULL NAME		al or institut	ion, give street address or	Marriand	B. 0001111	betore admission,	
	STITUTION	4035 Man	. 11 - D	location	1	outside cerporate limits,	write RURAL and give township)	
_1	70	4915 More	TTO K		Baltimor		03	
				Yrs. Mos.		D. STREET ADDRESS (If rural, give location)		
	Length of s	tay in Baltimore	7 SINCLE	Days Days	8. DATE OF BIRTH 9. AGE (In year-) Under Year Unger			
			WIDOW	ED, DIVORCED (Specify)	last birthday) Months Days Hours Min.			
	na le	White CUPATION (Give kind of		arried	Dec. 14, 1884	65	2. CITIZEN OF	
work	done during most o	e Underwri		INDUSTRY	Scotland		WHAT COUNTRY?	
	FATHER'S N		pe1.		14. MOTHER'S MAIDEN NA	MF		
		John Mac	Calln	m	Margaret Reid			
15	. WAS DECEASE	D EVER IN U. S. ARMED		16. SOCIAL	17. INFORMANT	ADI		
(Ye	, no or unknown)	(If yes, give war or date		SECURITY NO.	Mrs. Helen D.		DRESS 4915Morello	
	1	-0 V		CALLOT	<u> </u>		INTERVAL BETWEEN	
	18.	SE OR CONDITION	DIRECTIV		OF DEATH		ONSET AND DEATH	
		LEADING TO DEA	TH	care	inorna of Par	crear	2420,	
	beart failu	re, asthenia, etc. It mes complication which	ns the diseas	se,	······································	***************************************	0	
	injury or			a,) DUE TO				
7	ANTECEDENT CAUSES							
0		S OR CONDITIONS, 1			······································	1404000040404040040040040		
A		YING CONDITION LA		NE 502 10				
ERTIFICATION				(C)				
FA	OTHER S	II SIGNIFICANT COND	ITIONS COL					
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED .				
				FINDINGS OF OPER			20. AUTOPSY?	
A	000.				Punercas		YES NO	
EDIC	Och 1949 Caremonic - Paucercas VES No Parents VES No Parents							
2	21b. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21f. HOW DID INJURY	OCCUR?		
	m. WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from Expel 48, 19, to may 4, 1950, that I last saw th							
deceased alive on the date stated abov							date stated above.	
	23A. SIGNA	1	. 700		23B. ADDRESS	-2 R -1	23C. DATE SIGNED	
	A. BURIAL,	CREMA- 24B. DATE		M. D. 24C, NAME OF CEMETE	TO OS TATALOS	CATION (City, tewn, o	r county) (State)	
TIC	ON, REMOVAL (S	specify)		Parkwood	-//			
D	Burial 5-6-50 Parkwood Baltimore, Md. Date received by registrar's signature 25. Funeral Director Address							
	CAL REGIST		ton W	Hisman				
	VS 150	Spenie	complete.	C Commission >	420		469	
				- /	100		16	

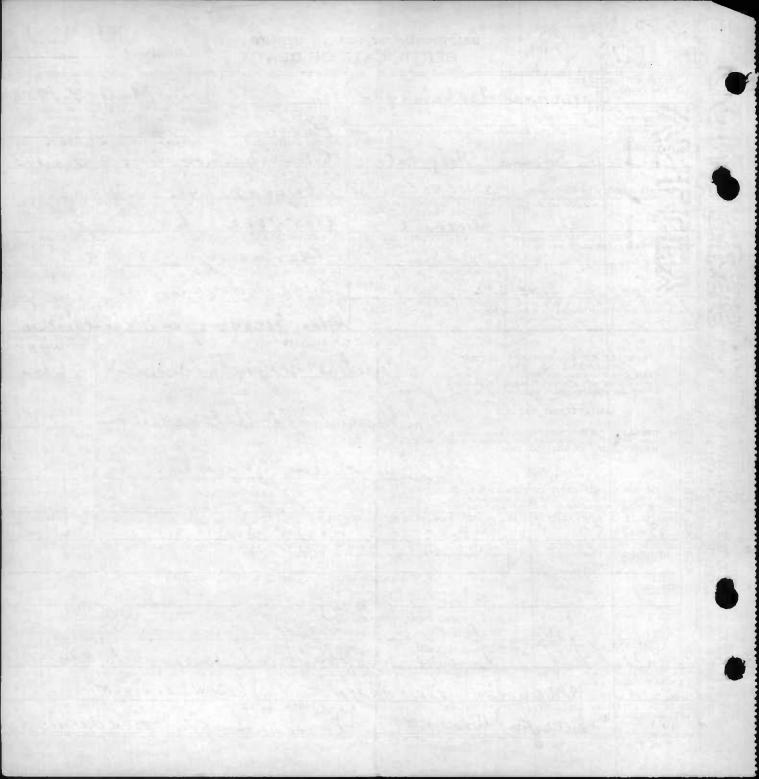




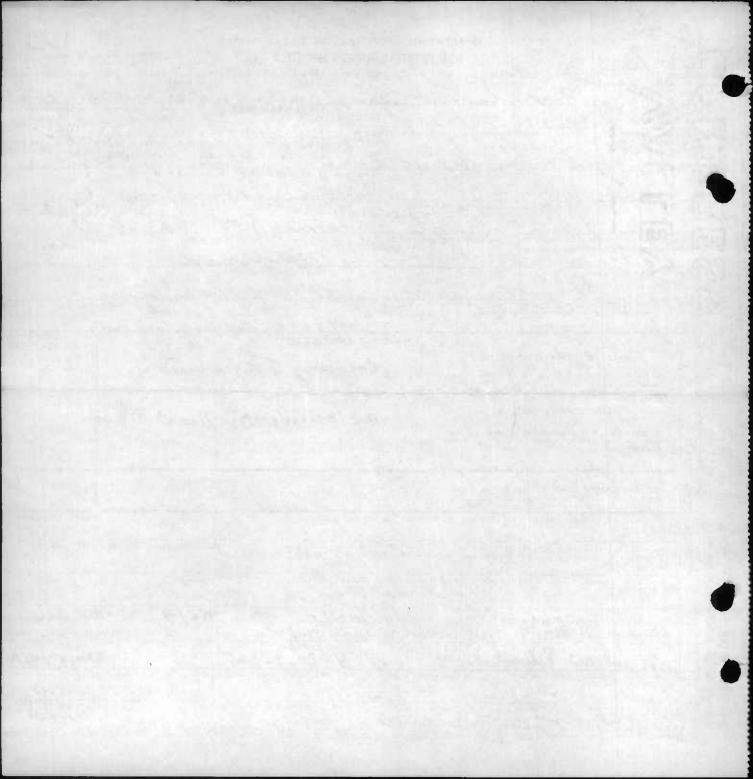
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	fully supplied. In	
	efully oly.	-
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	l bu	
	PLEASE WRITE P. LY, WITH UNFADING INK. Every item of information should be sfull orrect age is especially important. Physicians: please write the causes of death elearly and logibly.	
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4	50		
15		EALTH DEPARTMENT	0 4146
B	IRTH NO. CERTIFICAT	E OF DEATH Registered No	
	NAME OF DECEASED (Virginia G. Doran	2. DATE OF DEATH May 4	1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Mary land	
	5214 Tramore Road	c. CITY OR TOWN (If outside corporate limits, Baltimo re	write RURAL and give township)
	Yrs.	o. STREET ADDRESS (If rural, give location)	<u>u</u> <u>u</u>
c	. Length of stay in Baltimore Mos. Days	5214 Tramore Road	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der I Yest H Under 24 Heurs his Days Hours Min.
	emale white Married	Jan. 15- 1891 59	
	DA. USUAL OCCUPATION (Givekind of kdozeduring most of working life, even if retired) A thomselves the boxes of working life, even if retired)	D	2 CITIZEN OF WHAT COUNTRY
1:	at nome 3. Father's Name	14. MOTHER'S MAIDEN NAME	
	James A. Lockard	Mary C. Hof7	
(C)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		RESS
-		Mrs. Catherine Barto, 5214	
	1 / 1	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	talic Carcinous Nilla & Neck	
	(This does not mean the mode of dying, e.g., (A)		
	ANTECEDENT CAUSES	(4) A (4)	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	money of preass (r.)	
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	V	
FIG	(C)		A TOP TO S
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
CAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, giv	YES NO Le exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE M. WORK AT WORK		
	22. I hereby certify that I attended the deceased from		that I last saw the
	deceased alive on May 4, 1950, and that death occur	rred at T. m., from the duses and on the	date stated above
	23A. SIGNATORE DELLA DE PREMILIAM M. O.	5217 Harbord Cel	5.5.50
2	AA BIRDIAL CREMA- 248 DATE 124C NAME OF CEMETE	ERY OR CREMATORY 240 LOCATION (City, town, or	county) (State)
	ON, REMOVAL (Specify) Burial 5-8-50 Parkwees	Baltimore, Mar	yland
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR	DDRESS
-	MAY 5 - 1350 humington Williams, M.	Leonard J. Ruck, 5305 Har	riord Road.
	VS 150	4 4 4 .	50

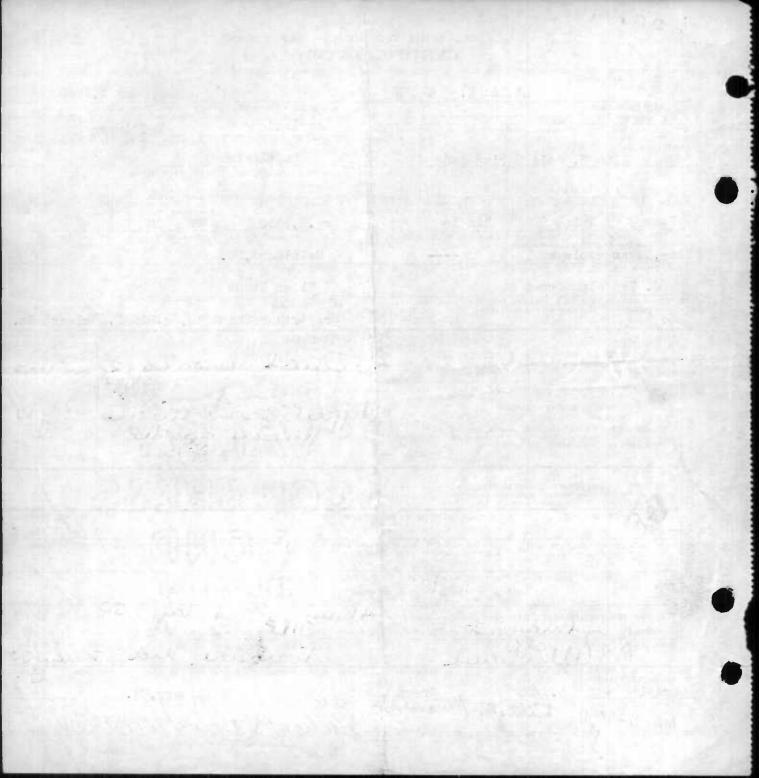
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,]	1 1		4.5.10
		BALTIMORE CITY HEALTH DEPARTMENT	4148
	51	CERTIFICATE OF DEATH Registered No.	
		NAME OF DECEASED	
		ype or Print) Mostilda Katherine Causman DEATH May	4 1950
		PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence
		Baltimore City, Maryland / 400 W. Lestington P. A. STATE Maryland B. COUNTY FULL NAME OF (If not in hospital or institution, give street address or	before admission)
3	HO	OSPITAL OR O I I location C CITY OR TOWN / Or traiside corporate limits we	
	I N	ISTITUTION Reged Towners Homes	township)
	11	Yrs. D. STREET ADDRESS (If rural, give location)	2
4	c.	Length of stay in Baltimore Days /400 %. Ledington of	t.
7		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9 AGE (In years) If Under	1 Year II Under 24 Hours
27	14	emale Winte Lingle Specify) Law. 23 1858 (Sast birthday) Months	19
1117	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR / 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
100	WOLK	is done during most of working life, even if retired) NOUSTRY Maryland	WHAT COUNTRY?
11/	13.	FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME	100
cal		John James Mary Mary March Space	
7		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 9 1 P ADDR	RESS
2	(Yea	a, oo or unknowo) (If yes, give war or dates of service) SECURITY NO.	_
CT.		18. // 2 A A CAUSE OF DEATH	INTERVAL BETWEEN
2		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
רנוב		(This does not mean the mode of dying, e.g., (A) Corpubly Throm 605/5	zaro
2		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
W			
0	-	ANTECEDENT CAUSES (B) arteriosultratic Heant Discour	-
Ica	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
<u>.</u>		UNDERLYING CONDITION LAST.	
4115	임		
STCTS	RTI	OTHER SIGNIFICANT CONDITIONS CON-	
217	111	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Section 1
4	U	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
:	AL		YES NO
127	DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If In Baltimore City, give	exact location)
001	비비	LYING OR CONTRIBUTING ADOUT DOME, Tarm, Tactory, street, outcoding etc.)	
TEL	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
E		OF INJURY WHILE AT NOT WHILE MORK AT WORK	
Cla			
esbe	11 1		hat I last again the
ő		description on the converse and on the converse at 11.30 Pan from the covers and on the	
		deceased alive on 2004, 1900, and that death occurred at 11.30 Pm., from the causes and on the	
		deceased alive on may 4, 1900, and that death occurred at 11.30 m., from the causes and on the causes are caused at 11.30 m., from the causes and on the causes are caused at 11.30 m., from the causes and on the causes are caused at 11.30 m., from the causes and on the causes are caused at 11.30 m.	date stated above.
	24	deceased alive on may 4, 1900, and that death occurred at 11.30 m., from the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the caused	date stated above. 3c. DATE SIGNED May 5 1450
scr age is	2.4 TIC	deceased alive on may 4, 1900, and that death occurred at 11.30 m., from the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the caused at the causes are caused at the ca	date stated above. 3c. DATE SIGNED May 5 1950
age	TIC	deceased alive on may 1, 19 0, and that death occurred at 11.30 m., from the causes and on the causes	date stated above. 3c. DATE SIGNED May 5 1950
age	TIC	deceased alive on may 1, 19 0, and that death occurred at 11.30 m., from the causes and on the causes	date stated above. 3c. DATE SIGNED May 5 /950 county) (State)
	TIC	deceased alive on may 1, 19 0, and that death occurred at 11.30 m., from the causes and on the causes	date stated above 3c. DATE SIGNED May 5 /450 county) (State)

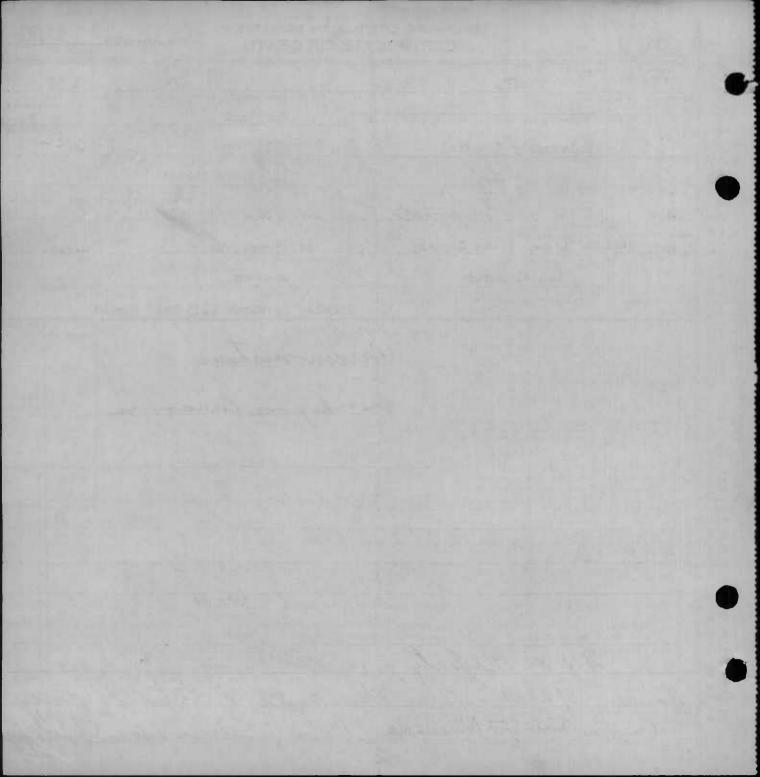


11/50	1 25 p. Learner of Trous					
	E OF DEATH Registered No. 4149					
1. NAME OF DECEASED (Type or Print) LAURA T. CROWN	2. DATE OF DEATH May 4,1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv					
100 W. Cold Spring Lane	Ruxton 13 township					
c. Length of stay in Baltimore Mos. Days	D. STREET ADDRESS (It tutal, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Female White Single	Nov.9,1869 80					
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) None, Neven employed	11. BIRTHPLACE (State or foreign country) Baltimore, Md.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
J. Randolph Crown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Ellen Staub 17. INFORMANT ADDRESS					
No (If yes, give war or dates of service) SECURITY NO. None	Mrs Arthur Shanklin, Jr. 916 N. Calvert St.					
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pertusier raidie ? yo					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
. 19A. DATE OF OPERATION _ 1 198, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., or CAUSE OF DEATH						
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from A Way, 1950, to 4 Way, 1950, that I last saw th						
MILLER	23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED					
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county)					
DATE RECEIVED BY REGISTRATE STRATE ST	Beltimore, Md. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS					
VS 150	930					



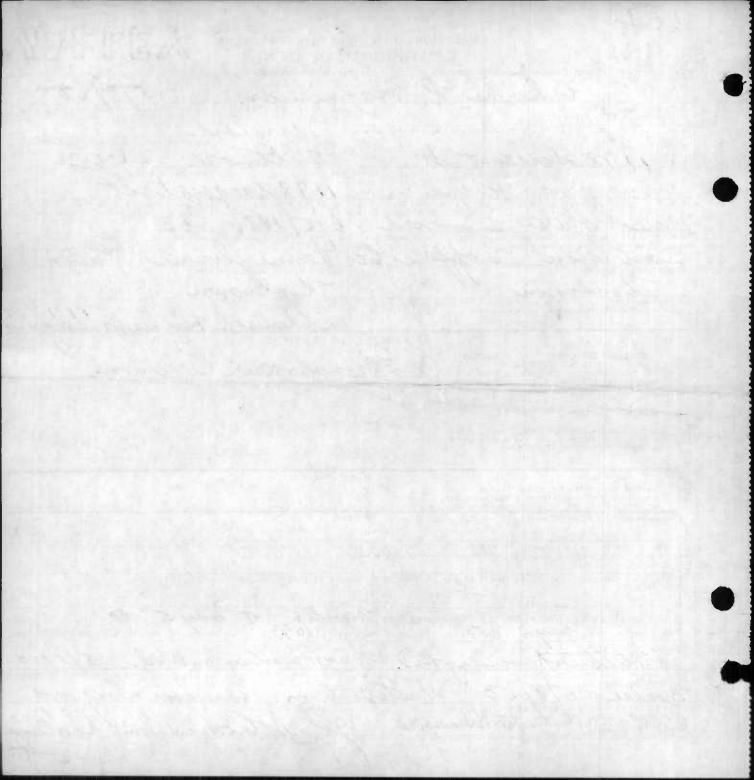
13-	(552 BALTIMORE CITY HE	EALTH DEPARTMENT 5	0 4150			
51	BI	A150 CERTIFICATI	E OF DEATH Registered No.	4.1.00			
The		NAME OF DECEASED ype or Print) DANIEL M BURNS	2. DATE OF DEATH May A	4, 1950			
olied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins a. STATE B. COUNTY	titution: residence before admission)			
refully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give			
ully	3	University Hospital	Baltimore L.	- 0 -			
refu legibly.		Length of stay in Baltimore Life Mos. Days	1145 Ward Street				
og pu	١.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		s I Year H Under 24 Hours Min.			
houl	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign sarry) 12	CITIZEN OF WHAT COUNTRY?			
n s	13	Maintanance man Gas Company	Baltimore, Md	u.s.a.			
information should so of death clearly a	10	Daniel Burns	unknown				
forn f de		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 16. SECURITY NO.		RESS			
f in			Sadie I. Burns 1145 Ward Stree	INTERVAL BETWEEN			
DING INK. Every item of i	CATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	choquiz Caranona				
UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
H-1	L CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
WIT	THE TOTAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING about bome, farm, factory, etreet, office bldg., etc.) YOU WE WAS 21A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WE WAS 21A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WE WAS 21A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WE WAS 21A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WE WAS 31A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WE WAS 31A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WAS 31A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WAS 31A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WAS 31A. EXTERNAL CAUSE WAS about bome, farm, factory, etreet, office bldg., etc.) YOU WAS 31A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY OCCUR? YOU WAS 31A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY OCCUR?						
NLY y imp	M	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR. OF INJURY MHILE AT NOT WHILE AT WORK AT WORK					
-		22. I certify that I took charge of the remains described a	bove, held an Autopsy	thereon and from			
WRITE P		the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the c s □, aceident □, suicide □. homicide □, und	etermined [].			
E WR age is			.D. ASSISTANT MEDICAL EXAMINER				
PLEASE correct a	710 TIC	Burial (Specify) 5/8/50 Len Hay	en Man At Petichie A	county) (State)			
PL	D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	799 p 1/0			

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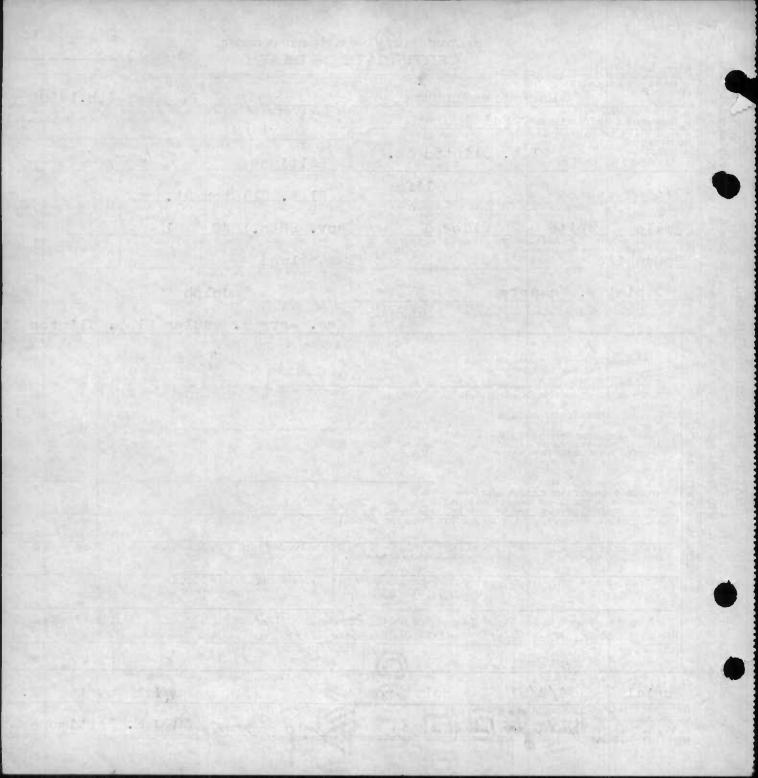
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•	d. The	1.	NAME OF
INDING	f information should be refully supplied es of death clearly and legibly.	3. A. B. H. I.N. C. 5. 7. 10. World 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	PLACE OF Baltimore Full NAM OSPITAL OI STITUTION Length of SEX
IN RESERVED FOR BI	ING INK. Every item ones: please write the cause	CATION	DISEAS
MARGIN	H UNFAD	CERTIFICATION	OTHER TRIBUT! TO THE
	NLY, WIT	MEDICAL	21A. ACC LYING CAUSE O
	PLEAS WRITE P.	III DA	22. I here deceased 23a 9GN 4a. BURIAL N, REMOVAL ATE RECEIV
		=	VS 150

11 (95 -				
	AACA BA	ALTIMORE CITY H	EALTH DEPARTMENT	50 Registered No.	4151
N.	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	Mal		2. DATE /	,
T)	ype or Print) Charles	The Plan	mes dr	OF 5 57	50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution : residence before admission)
В.	FULL NAME OF (If not in hospital or instit		marylan	A. COONTY	before admission)
	STITUTION	location)	C. CITY OR TOWN (If	outside corporate limits, w	
10	1178 Sargeant	St.	Baltimor	e 21-1	2 township)
	· · · · · · · · · · · · · · · · · · ·	Yrs. Mos.	1100	ural, give location)	
-	Length of stay in Baltimore 40 SEX 6.COLOR DR RACE 7. SING	Days Days	8. DATE OF BIRTH		
2	WIDE	WED, DIVORCED (Specify)	1/2/100/	9. AGE (In years Under last birthday) Month	Days Hours Min.
10		ND OF BUSINESS OR	11/BIRTHPLACE (State or for	63	
worl	dooe during most of working life, even if retired)	INDUSTRY		reign country)	WHAT COUNTRY?
13	FATHER'S NAME	para 60	14. MOTHER'S MANDEN NA	ania 1	LAA
	7/ 18		7		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADDI	0566
(Ye	(If yes, give war or dates of service)	SECURITY NO.	Tun Charles P	Ala ADDE	1178 3
	18. // 2. V	CAUSE	OF DEATH	raamus ys	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL		O. BEATT	0	DNSET IND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e		rechosenic (accuous	
	hcart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, th.) DUE TO			-
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIV	(B)	***************************************		
ATIO	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
U		(C)			
E	II .				
ERTI	OTHER SIGNIFICANT CONDITIONS CO				ha Diensky
Ū	TO THE DISEASE OR CONDITION CAUSING	IT	A TION		
AL	19A. DATE OF OPERATION () 19B. MAJO	K FINDINGS OF OPER	KATION		YES NO K
DIC		LACE OF INJURY (e. g., i	n or 21c. WHERE DID (If	in Baltimore City, give	
ME	LYING OR CONTRIBUTING about hom CAUSE OF DEATH	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended th		arch 6 19 47 to h	ay 5, 1950, ti	hat I last saw the
	deceased alive on May 3 , 1950	and that death occur	rred at 10 Am., from th	e causes and on the	late stated above.
	23A GIGNATURE	1 2	3B. ADDRESS		3C. DATE SIGNED
	A. BURIAL, CREMA- 24B, DATE		7411 Washingto	on Blod.	5/5/50
III	A. BURIAL, CREMA- 24B. DATE	4c. NAME OF CEMETE	RY DR CREMATORY 200. LO	CATION (City, town, or o	county) (State)
1	15/8/30	Western	Carn. 6ams	mason ton	Justa
40	CAL RECEIVED BY REGISTRAR'S SIGNAT	/ a	25. FUNERAL DIRECTOR	0 77	900/10.
= IV	IAI 0 13301		John & 6 ow	an & Son	Hollins
	VS 150	1 1 1 1 2 miles	100	47	c st.
		91710		T	



RVEL	Eve	Write
RESE	INK.	please
MARGIN RESERVEL	PLEASE "RITE PL. LY, WITH UNFADING INK. Eve	Physicians:
	LY, WITH	important.
	PL	ecial
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	R	is.
	日	age
	PLEAS	correct

he A		610 RTH 4152		ва		EALTH DEPARTMENT E OF DEATH	Registered No	0 4152
P.	1	NAME OF DE		nary M	lurphy		2. DATE OF DEATH May 4	th.1950
upplie	A.		ATH: ity, Maryland	Balti	more	4. USUAL RESIDENCE (A. STATE Maryland		
fully supplied.	H	FULL NAME (OSPITAL OR ISTITUTION			tion, give street address or location) nton St.		f outside corporate limits,	write RURAL and give township)
legdy.	c.	Length of st	ay in Baltimore		life Mos.	D. STREET ADDRESS (I		
uld be		emale	6. COLOR OR RACE White	WIDOV	e, married, ved, divorced (Specify, lowed	8. DATE OF BIRTH	9. AGE (In years If Un last birthday) Mont	der 1 Year H Under 24 Hours hs: Days Hours Min.
NDING information should be s of death clearly and	10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland		2. CITIZEN OF WHAT COUNTRY?
NG rmatic death	13	Danie.	N. McCar	ty		14. MOTHER'S MAIDEN	olph	
R BINDING em of inform causes of dea	15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary E.	ADI	Clinton St
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the can	RTIFICATION	(This does heart failur in jury or Injury or DISEASES RISE TO TOUNDERLY	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It mes complication which ANTECEDENT CAUS OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L. II GNIFICANT COND	TH of dying, e. ans the disea caused deat SES IF ANY, GIVI STATING T AST.	g., (A)	بالداسود		
hyd	CE	TRIBUTING TO THE DI	TO THE DEATH, BUT	NOT RELAT	FD	RATION		20. AUTOPSY?
H 1 V V V V V V V V V V V V V V V V V V					(If in Baltimore City, give	YES NO L		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1950, to 4, 1957, the deceased alive on 4, 1950, and that death occurred at 10 fm., from the causes and on the deceased 33A. SIGNATURE 23B. APDRESS (1960) 4 1 4 5 5 6 2 2 2 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						23c. DATE SIGNED		
9	2.4 TH	4A. BURIAL, C DN. REMOVAL (SI BULL 18 I	REMA- 24B. DA7B pecify) 4/8/5	adran)	M. D. 24c. NAME OF CEMETE Holy Cross		LOCATION (City, town, or e Arundel Co	
PLEASE correct ag	D	ATE RECEIVED	BY REGISTRAR	S SIGNAT	· · · · · · · · · · · · · · · · · · ·	John A Mora		DDRESS
	#	AY 5 150	50	and the spirit of the state of the	F 17	J the	1	623



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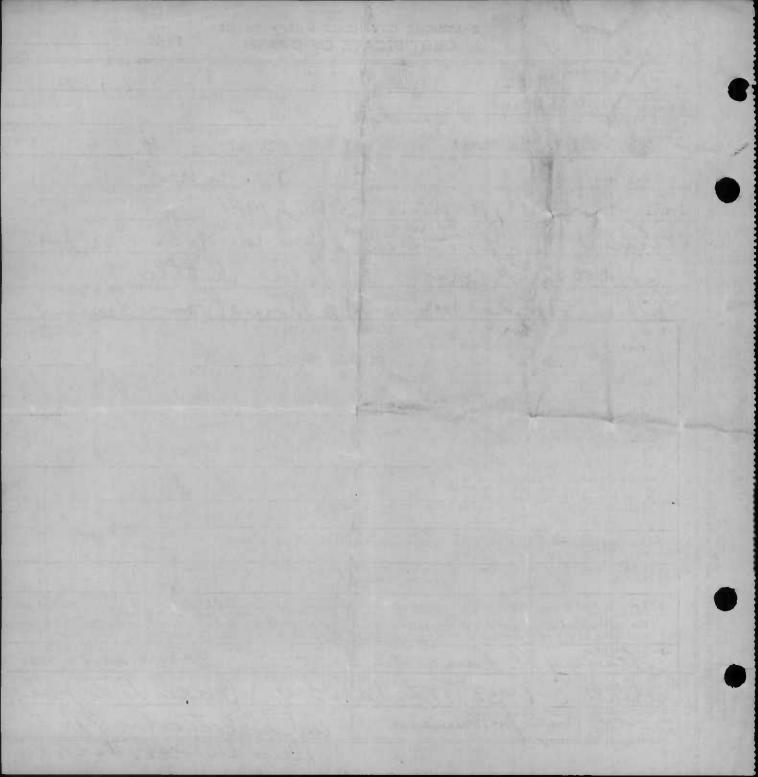
ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry 23c. DATE SIGNED

before admission)

township)

Il Under 24 Hours

12. CITIZEN OF



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BALTIMORE CITY HEALTH DEPARTMENT

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50 BIRTH	NO.	1.	54

J	CI	PULP
egistered	No_	

11 01	CERTIFICATE	OF DEATH	Registered No_	
1. (T	NAME OF DECEASED Type or Print) William Young		2. DATE OF DEATH May 3,	1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		itution : residence before admis
B.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		outside corporate limits, w	rite RURAL and
c.	Baltimore City Hospitals Yrs. Mos.		ural, give location)	
5.	Length of stay in Baltimore Life Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed Male Negro Widowed	510 N. Gilmore 8. DATE OF BIRTH 12-7-1867	9. AGE (In years 1 Under Month 82	N 1 Year H Under 24 B Days Hours
1C worl	A. USUAL OCCUPATION (Givekind of k dooe during most of working life, eyeo if retired) Ret. Laborer	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUN
13	3. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NA	ME	
	Natty Young (Deceased)	Elizabeth Neal	(Deceased)	V
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Records*4040 East	e City Hospita	RESS P.LS
CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	umonia		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION		YES NO
MEDICAL	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) Cartery, cartering about home, farm, factory, street, office bidg., et 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	te.) INJURY OCCUR?	in Baltimore City, give	
	OF INJURY WHILE AT NOT WHILE	I takent 1 is	rely no Treas	hat I last sar
	deceased alive on 5-3- 1950, and that death occur	red at 4:30P m., from th	e causes and on the	date stated a
		3B. ADDRESS	1 2	3c. DATE SIG
27	23A. SIGNATURE 2	4940 Eastern Ave.		5-5-1950

5-2-50 Selemin heal,

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15		FOF DEATH Registered No.	4155	
E	IRTH NO.	E OF DEATH Registered No.		
1	NAME OF DECEASED Spe or Print) Mary Constance de Re	2. DATE OF DEATH 5-0	6-50	
4	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission)	
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Incation Spital For Women of Moryland		township)	
grapl	Length of stay in Baltimore 33 5 Mos.	D. STREET ADDRESS (If rural, give location)	PKINS APTS	
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Und	at I Year of Under 24 Hours of Days Hours Min.	
8 00	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRESS OF A Slaurant Owner Rasiaurant		CITIZEN OF	
	William Jameson	Margaret Queen		
J O	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [If yes, give war or dates of service] [If yes, give war or dates of service] [If yes, give war or dates of service]	Man Richard Man Kill 157) W. 7	RESS	
le causes	18. 420.0 . CAUSE	OF DEATH	INTERVAL BETWEEN	
e c	DISEASE OR CONDITION DIRECTLY	0/	ONSET AND DEATH	
write the	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	money Colema	1 hours	
z se z	ANTECEDENT CAUSES (B) Auteu	ischentie Heart Disease	5 yrs	
icians: plea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
cian	(c)			
Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
1 1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?	
CA	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give	YES NO (
important,	HOMICIDE (Specify) about bome, farm, factory, street, office bldg.			
lly im	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILE	E		
ecially	22. I hereby certify that I attended the deceased from.		hat I last sam the	
spe	22. I hereby certify that I attended the deceased from 5-6, 1950, to 5-6, 1950, that I last saw the deceased alive on 5-6, 1950, and that death occurred at 3' mm., from the causes and on the date stated above.			
correct age is esp	John R. Smith , Jr. M. D.	Women's Hosp Ballo, 17, Md	SIGNED 5/6/50	
a T	AM. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)	
rect	30 VIAL 15-8-50 St. MAYYS (Church Bryantown, Charle	s Co. Md.	
cor	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRASS	(1)	ow Place	

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The state of the s

Registered No. (Where deceased lived, If in titution; residence before admission) If outside corporate limits, write RURAL and give township) It Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 192 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED (City, town, or county) ADDRESS The Man to the second the land to he

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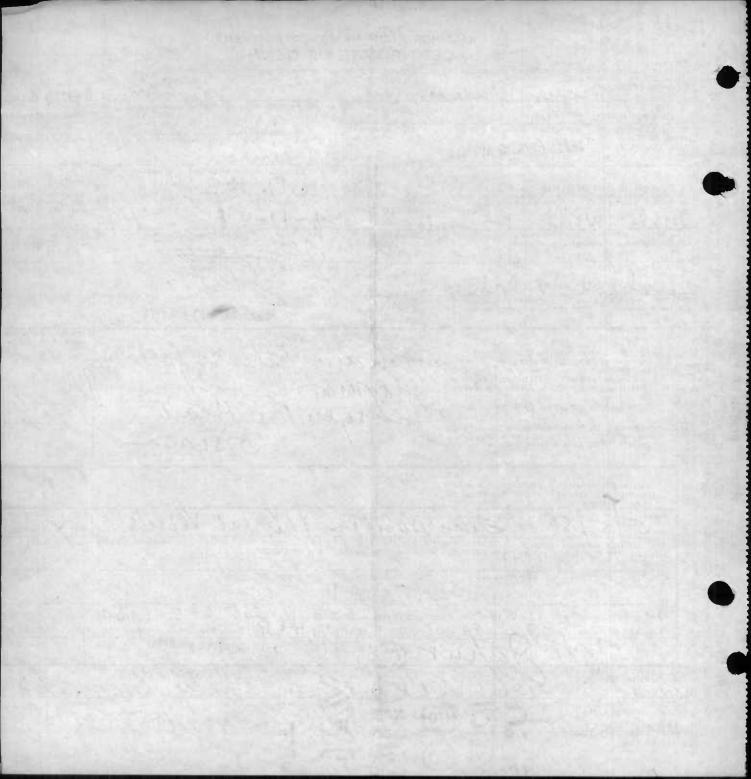
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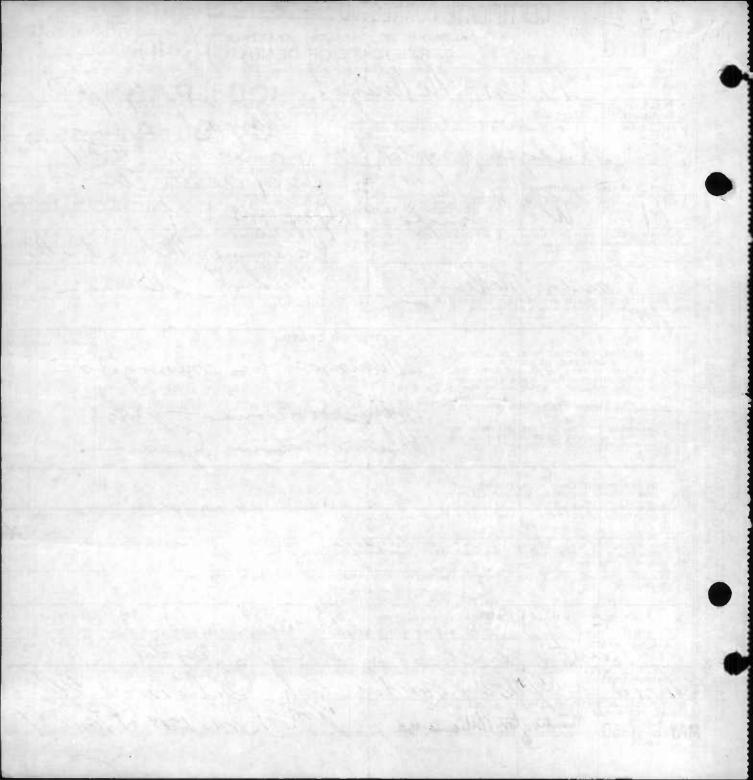
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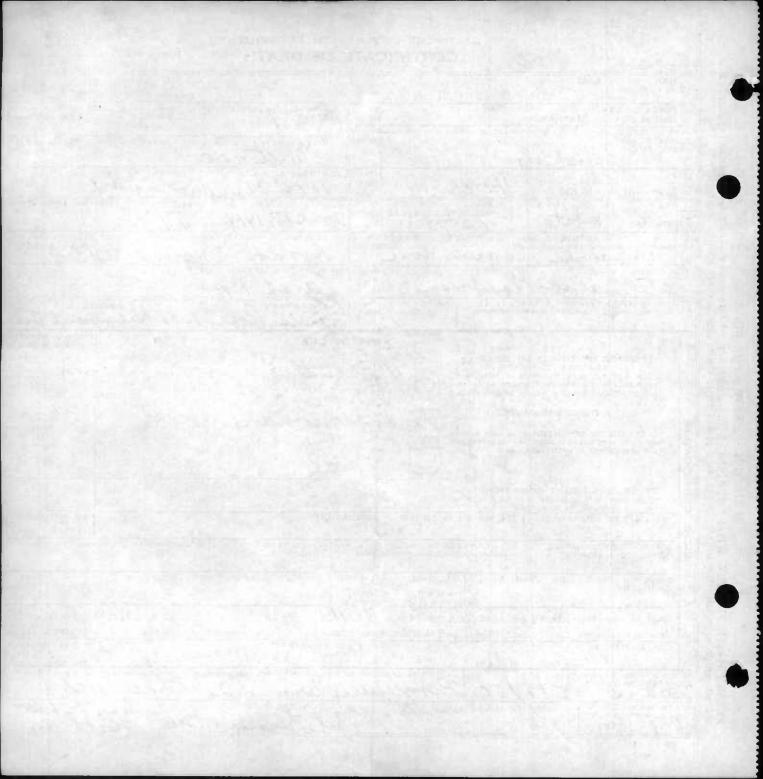
efully supplied. The PLEASE WRITE PLACE, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and leading the contract of the contract

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TH NO.	00	4162

BALTIMORE CITY HEALTH DEPARTMENT

4162

BIRTH NO. 4102 CERTIFICATE OF DEATH			
1. (T	NAME OF DECEASED DORA ROSE	2. DATE OF MAY EMISSION	
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
H	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR STITUTION UNIVERSITY HOSPITAL	2 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C.	Length of stay in Baltimore 40 YRS. Mos. Days	0. STREET ADDRESS (If rural, give location)	
F,	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White Wildowed, DWORCED (Specify Warred	18. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours	
1C worl	A. USUAL OCCUPATION (Give kind of done during most of working life even if retired) A. USUAL OCCUPATION (Give kind of done during most of working life even if retired) A. USUAL OCCUPATION (Give kind of done during most of working life even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13	ate 2 acob Gadman	14. MOTHER'S MAIDEN NAME)	
15 (Ye	. WAS DECEMSED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	TOURS Rose 1016 Greenmount One	
IFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH United Carcinoma, Generalized 3/2 yrs cinoma of Breast 3/2 yrs	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CAL	194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO	
EDI	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact locations), etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from MAN 1950, 19, to MAY 6, 1950, that I last saw deceased alive on MAY 6, 1950, and that death occurred at 820 P.m., from the causes and on the date stated about 238. SIGNATURE		
2:	A BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMET	11- 1/13 - 4	
	ATE RECEIVED BY PRESISTRANTS SIGNATURES, MARCHESTRANT 7 - 1950	25. FUNERAL DIRECTOR BUR 12 ADDRESS 6 W-	



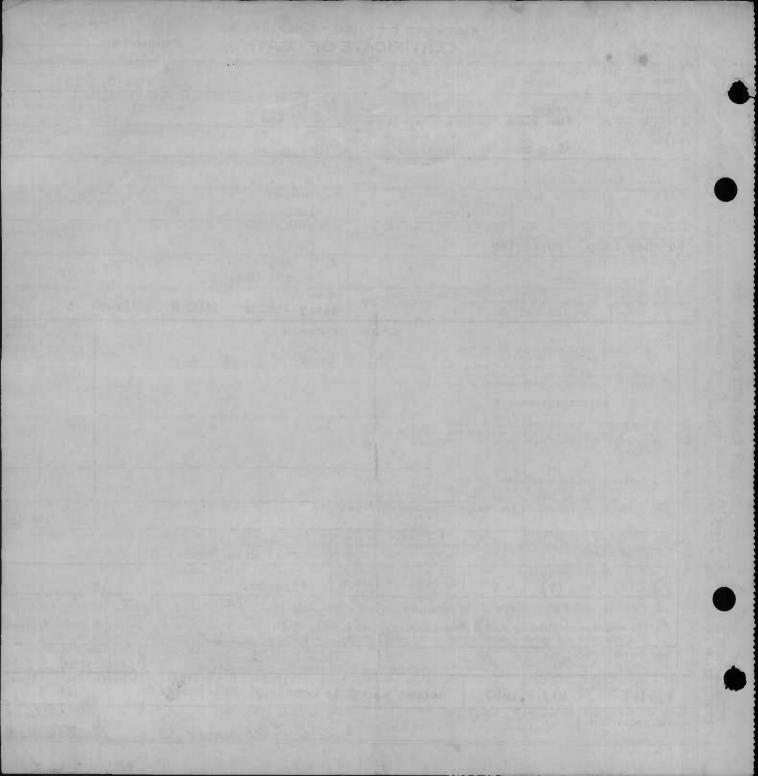
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WRITE P. NLY, WITH UNFADING INK.	Physicians: please write
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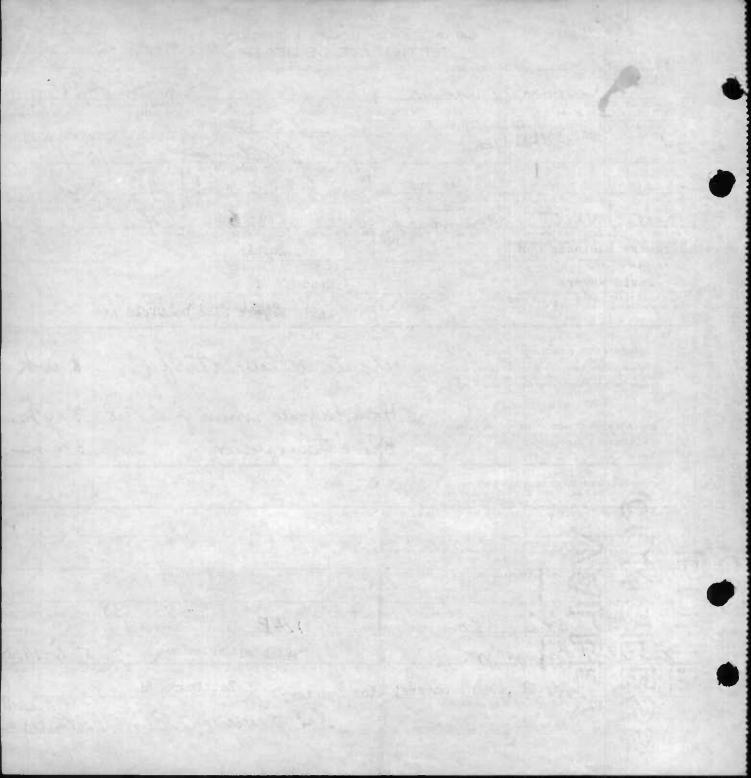
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MORRIS ACHTAR May 6, DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Union Memorial Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos 1800 N. Smallwood Street c. Length of stay in Baltimore Days 9. AGE (In years | ft Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White 1920 Divorced 10A, USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during montof working life, even if retired).
Butcher Shop Proprieter INDUSTRY Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Achtar Bertha Sherman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 1800 N Smallwood St World War #2 Harry Achter Yes NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bullet wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION NO X EDICAL 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Park Druid Hill Park 21F. HOW DID INJURY OCCUR? Σ 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED May 5, NOT WHILE WHILE AT Firearms Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident [, suicide X , homicide [, undetermined [] . 23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR ... 23c. DATE SIGNED 23A. SIGNATURE ge 8 24C NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 24A. BURIAL. CREMA-248. DATE TION REMOVAL (Specify) correct Hebrew Rosedale Cemetery May 7.1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE, Tourtreator Philanes, M.

Baltimore Md





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59 4166 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Stewart H. Simpson DEATH MAY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY STATE before admission) uld. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 128 S. Willard St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 55 yrs. Willard St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Married (Specify) (66 nthday) Months: Days Hours | Min. Mala 64 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF CO INDUSTRY maintenance lanager WHAT COUNTRY? Koppers Ind. information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harrison Simpson Beckey Eggman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Willard St Mrs. Irene Simpson. 128 S. causes CAUSE OF DEATH item 18. ente Cardiac Farline listorarla Rem Disine DISEASE OR CONDITION DIRECTLY 0 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (0) 11 OTHER SIGNIFICANT CONDITIONS CON-NE Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY? 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. DIC (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that Lattended the deceased from that I last saw the esp m., from the causes and on the date stated above. deccased alive on L and that death obcurred at. 234. SIGNATURE 23B. ADDRESS 8 24A. BURIAL CREMA-CEMETERY OR CREMATORY 24D. LOCATION 24B. DATE ADDRESS DATE RECEIVED BY REGISTRAN SALENATURELL 25. FUNERAL DIRECTOR LOCAL REGISTRAR Edmondson VS 150

and the State of t

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May Jessie A. McKinney 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) elf outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 4704 Amberly Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4704 Amberly Ave. c. Length of stay in Baltimore Days 9. AGE (In years li Under 1 Year last thday) Months Days Hours Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WICOWED, DIVORCED (Specify) Sept. 25,1869 Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR FOR Wone during moet of working life, even if retired wn Home INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah C. Lescaett Wm. W. Swain 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS4704 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. S. Catherine Schrufer, Amberly Ac CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 22 , 1941, to 2007 , 1950, that I last saw the deceased alive on 1950, and that death occurred at 6.76/. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 5-6-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Loudon Pk. 3801 Frederick Rd. Balto. 29, Md. May 8/50 26. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR 1/04101 Edmondson white

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50 4168 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May Louise M. Brown 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR GENERAL GERMAN Aged People an) C. CITY OR TOWN (If outside corporate limits, write RURAL and give thol Ave Baltimore o. STREET ADDRESS (If rurall give location) Yrs. Mos. Athol 75 yrs. AVe. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WYRDOWED, DIVORCED (Specify) 6. COLOR OR RACE B. DATE OF BIRTH last birthday) Months Dnys Hours Min. AGE (In years) ec. 29,1861 emale 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF None during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mass. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Sebastian Fensterer Maria Schneider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 22 S. Athol J. Geo. no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED U

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED NOT WHILE

21B. PLACE OF INJURY (e.g., in or

23B. ADDRESS

21F, HOW DID INJURY OCCUR?

. 1950 to

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from Magale ! . 19. 7. and that death occurred at 3 9 m., from the causes and on the date stated above. deceased alive on Muan 4

23A SIGNATURE 24B, DATE

23c. DATE SIGNED 240. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

May 5 , 1957, that I last saw the

4101

20. AUTOPSY?

24A' BURIAL CREMA-TION REMOVAL (Specify) Burial DATE RECEIVED BY

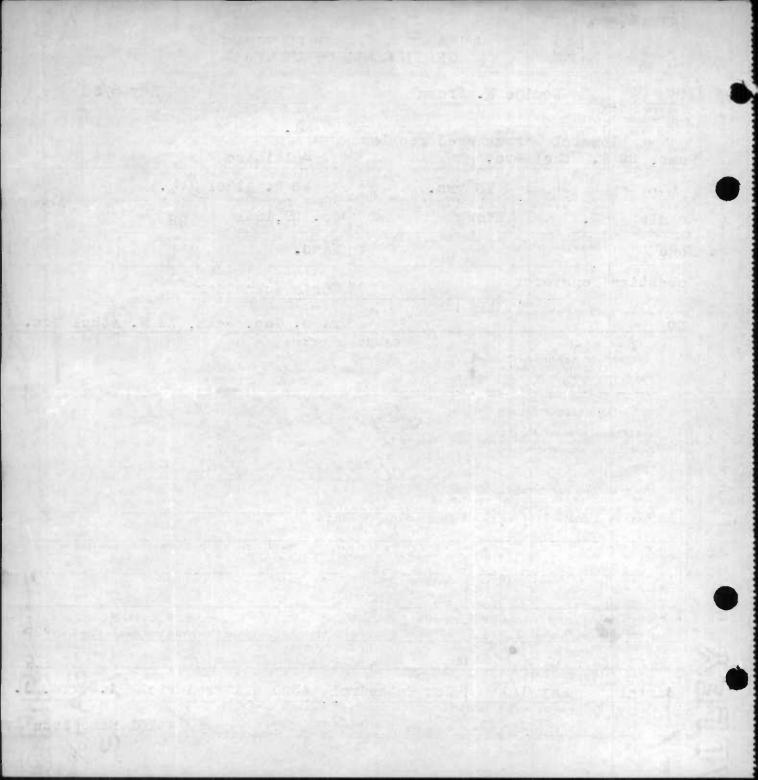
New Cathedral 4300

Old Frederick Rd. Balto. Md. PUNERAL DIRECTOR

ADDRESS Edmondson

SIGNATURE

OF INJURY



The		۱
supplied.		
Every item of information should be refully	is especially important. Physicians: please write the causes of death clearly and legibly.	
UNFADING INK.	Physicians: please	
ITE PLANTH	especially important.	
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PLEASE

ARGIN RESERVED

BALTIMORE CITY HEALTH DEPARTMENT 4169 Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF Ethel C. Anderson May 5. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4036 Roland Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4036 Roland Avenue c. Length of stay in Baltimore Life Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years It Under | Year It Under 24 Hours last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White Single Jan. 9, 1889 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marion H. Anderson Rosella McCleary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO Mrs. Hilda M. Jackson 213-09-8787 4036 Roland Avenue CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (0) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from_ 19 5 0 and that death occurred at 9 10 P.m. from the causes and on the date stated above. deceased alive on Mul 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED durene 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial May 8, 1950 Moreland Memorial Park Baltimore Co.. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS muluator / miland, M. LOCAL REGISTRAR Burgee Funeral Home 3631 Falls Road VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.

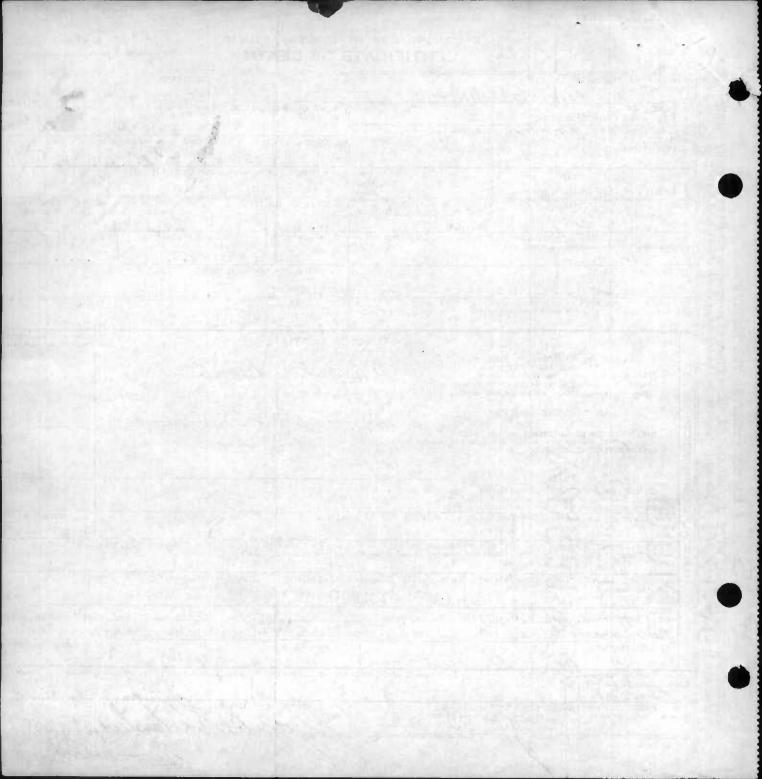
BIR	TH NO.						
1. I (Ty	NAME OF OEC pe or Print)		Ellizab	eth E. Yeager		2. DATE OF DEATH May	4, 1950
А.]	PLACE OF DEA Baltimore Cit	y, Maryland			4. USUAL RESIDENCE ()		
	ULL NAME OF	(If not in hospit	al or institut	ion, give street address or location)	Maryland		
	TITUTION	2010	D 2			1	its, write RURAL and give township)
(1)	Q	3/42	Roland	Avenue	Baltimore		3-0/
				Yrs. Mos.	D. STREET AOORESS (If		
-		y in Baltimore	62 ye			ind Avenue	
5. \$	SEX 6	COLOR OR RACE		E. MARRIED. /ED. DIVORCEO (Specify)		9. AGE (In years last birthday) M	onths; Days Hours: Min.
	emale	White		dow	Oct. 28, 1855	94	
10A	. USUAL OCCL	PATION (Give kind of orking life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	t Home	OT ATMS THE, GYOM IT TEELING!		INCOSTRT	Maryland		U S A
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	Joshua Hur	nt.			Margaret Ra	chel Keve	
		EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL			
(Yes,	no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No				Mrs. J. S. Gar	diner 3219	Sequoia Avenue
	18. 47/	4) CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION		1	2 +4 0	1 +	/
	(This does n	EADING TO DEA ot mean the mode	TH of dving, e.	e (myo	- landelle Co	Mesonde	4 maly
	heart failure,	asthenia, etc. It mea	ans the diseas	se.			
	injury or ec	implication which	caused death	0 1	101	-	
_	Al	NTECEOENT CAU	SES	level	ed author las	Unus	41000
0	DISFASES	OR CONDITIONS,	F ANY GIVE	(B)	1		1000
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V	UNDERLYIP	NG CONDITION L	AST.		1 2	JOGIL	
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ERTIF	OTHER SIG	II SNIFICANT COND	ITIONS CO.	WE HIGH WE		0	
	TRIBUTING T	TO THE OEATH, BUT	NOT RELAT	FO			
0 -	19A. DATE OF	OPERATION 1		FINDINGS OF OPER	PATION		20. AUTOPSY?
7		0	02, (0 0 1.	777777			YES NO
0 -	21A. ACCIDEN	T. SUICIDE.	218. PL/	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	If in Baltimore City,	
EDICAL	21A. ACCIDEN' HOMICIDE	(Specify)	about home,	farm, factory, street, office bidg.,	etc.) INJURY OCCUR?		
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	OF INJURY	onth) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from go. 1940, to Orang 4, 1950, that I last saw the					O that I last saw the		
deceased alive on 19 4, 1950, and that death occurred at 2 2 2 m., from the courses and on the date stated above.							
-	23A SIGNATU		, 101,	2	38. AOORESS O I	N.	1.23C. OATE SIGNED
	ideali		THE IN	м. О.	2x2x St. Com		m = 50
24	A. BURIAL, CRI		1	24c. NAME OF CEMETE		OCATION (City, town	n, or courty) (State)
TIO			וסלח	None Mankat	Pal	+imama Ca	Vowel and
OA	Burial TE RECEIVED	May 8.]		New Market	25. FUNERAL DIRECTOR	timore Co.,	ADDRESS
	CAL REGISTRA		O SIGNATO				
亚	4 1 - 10 -			18/11.	Burgee Funeral H	iome 3631	Falls Road
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		50	4171 BA		EALTH DEPARTMENT 50 4171 Registered No.
BI	RTH NO.		A-1. / -1.	CERTIFICATE	- OF DEATH Registered No.
	NAME OF DI ype or Print)		erta Mil	ller	2. DATE OF DEATH 5/6/50
A.	PLACE OF DI Baltimore C	ity, Maryla		ation, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY Baltimore Baltimore
H	FULL NAME OSPITAL OR ISTITUTION		sity Hospi	location)	c. CITY OR TOWN (In utside corporate limits, write RURAL and give Rural Near Parkton 1 5200 township
G.	Length of st	tav in Baltir	nore	Yrs. Mos. 2 Days	D. STREET ADDRESS (If rural, give location)
	SEX	6. COLOR OR	RACE 7. SING	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH S. AGE (In years Months Days Hours Min. Nov. 26. 1871 78
	A. USUAL OCC done during most o Housewi:	f working life, even	ivekind of 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Parkton, Md. R.D. U.S.A.
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN NAME
		iam E. M			Serepta Gore
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. :	ar or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No			1)	Mrs. Gilbert Seitz - Cockeysville, Md.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
	19A. DATE O	F OPERATIO	19в. МАЈО	R FINDINGS OF OPER	
MEDICAL	HOMICIDE	(Specify) (Month) (Day		LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	ED 21F. HOW DID INJURY OCCUR?
			m.	WHILE AT WORK NOT WHILE	
	22. I hereby certify that I attended the deceased from 5/6, 1950, to 5/6, 1950, that I last saw the deceased alive on 5/6, 1950, and that death occurred at 8:50 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS. 23C. DATE SIGNED 23C. DATE SIGNED				
2. TI	4A. BURIAL	pecify	DATE	24c. NAME OF CEMETE	
	ATE RECEIVE OCAL REGIST	D BY REGI	strar's signar	TURE Williams, Mrs	25. FUNTERA DIRECTOR VARIANSLEIN 93)
1	811.45 150				Theo treedon,



DATE RECEIVED BY

LOCAL REGISTRAR

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO (If in Baltimore City, give exact location) and that death occurred at 130 p.m., from the causes and on the date stated above. 23c. DATE SIGNED REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTO

before admission)

12. CITIZEN OF

U-S

ADDRESS

WHAT COUNTRY?

Letter in document file 50-4172-7/27/50.

BINDING FOR RESERVED

Registered No. DEATH May 6, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY. before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years) H Under 1 Year last birthday) Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Records, US Marine Hospital, Balto., Md. INTERVAL BETWEEN ONSET AND DEATH Recent 20. AUTOPSY YES X NO (If in Baltimore City, give exact location) 19 50 to May 6. 19 50 that I last saw the 23c. DATE SIGNED 5/6/50 ADDRESS

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	fully fully.	
MARGIN RESERVED FOR BINDING	PLEASE WITE PL. LY, WITH UNFADING INK. Every item of information should be fully su correct age is especial, important. Physicians: please write the causes of death clearly and legibly.	
RESERVED	INK. Every	
MARGIN	UNFADING Physicians:	
	LY, WITH	
	PLEASE WITE PL. correct age is especial,	

	HEALTH DEPARTMENT X Registered No.				
1. NAME OF DECEASED Ida M. Zulauf	of May 4. 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland 2305 St. Paul St. B. FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
HOSPITAL OR locat	township)				
St, Paul Convelesing Home	Alexander s. o. STREET ADDRESS (If rural, give location)				
	os. ays				
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specific Married) Widow	eify) 8. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months: Days 1 lours Min.				
10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OF WORK done during most of working life, even if retired)					
Home Duties /	Washington. D. C. U.S.				
Colbert A. Thompson	Ida M. Cunningham				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (II yes, give war or dates of service) SECURITY No	Wilmer C.Zulauf. Alexander. Va,				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	riocclerofie Cardie 7-Dec.194 scular Ariease				
TO THE DISEASE OR CONDITION CAUSING IT.	PERATION 20. AUTOPSY?				
	YES NO P				
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. about home, farm, factory, street, office by					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from - Dec., 1946, to Hay, 1950, that I last saw the deceased alive on May, 1950, and that death occurred at 740 Pm., from the causes and on the date stated above 23A. SIGNATURE LEGISLATION CONTROLLS SIGNED					
24A. BURIAL, CREMA-1 24B, DATE 24C, NAME OF CEM	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial 5/8/1950 Baltimore					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Marie Sy Jen 1600 W- Rorth				
MA) vs 150	93)				

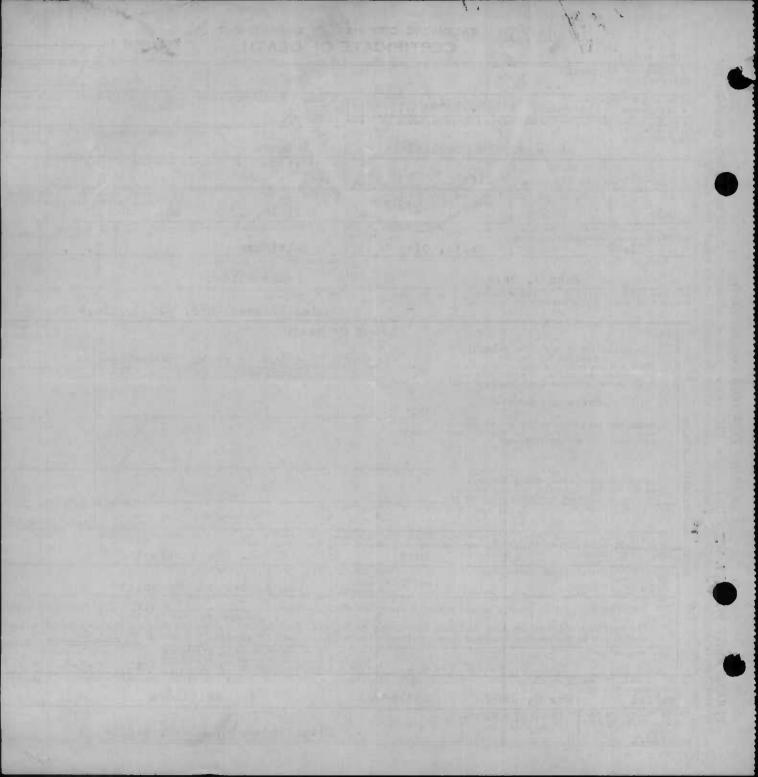
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO	1110		CERTIFICATI	E OF DEATH	Registered N	Vo
	OF DECEASED _	HN	J.	CARR	2. DATE OF May	4, 1950
3. PLACE	OF DEATH: ore City, Maryland	05 E. (Chase St	4. USUAL RESIDEN	CE (Where deceased lived, If	
B. FULL N HOSPITAL INSTITUTI	OR		tion, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate limit	s, write RURAL and give township
Towarth		Life	Yrs. Mos.		s (If rural, give location) Se Street	01
5, SEX	of stay in Baltimore 6.COLOR OF RACE White	7. SINGL WIDOV	Days E. MARRIED, VED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 18, 1		Under 1 Year If Under 24 Hours nths Days Hours Min.
10A, USUA work done durin	L OCCUPATION (Give kind of g most of working life, even if retired)	10B. KINI		11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
	lerk R'S NAME John J. 0		to. orty	14. MOTHER'S MAID	DEN NAME	U.S.
15. WAS DE	CEASED EVER IN U.S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
FICATION SID	EASES OR CONDITIONS, IT TO THE ABOVE CAUSE (A) DERLYING CONDITION L.	F ANY, GIVI STATING T	(B) NG HE DUE TO			
ш то	IER SIGNIFICANT COND BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELAT	IT.	PATION		20. AUTOPSY?
19A. D.	ATE OF OPERATION	9B, MAJOH	FINDINGS OF OPER	ATION		YES NO 2
O PRIMA O CAUSE W 21D. TI OF IN.		about home,	ACE OF INJURY (e.g., iffarm, factory, street, office bldg., home 21E. INJURY OCCURR WHILE AT WORK WORK AT WORK	905 E.	Chase Street	give exact location)
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undeterminat □.						
	IGNATURE	Tul	MANAGE CEMETE	.D. MEDICAL INVES	ICAL EXAMINER 23 DICAL EXAMINER 23 TIGATOR 24 D. LOCATION (City, town,	5-5-50
TION, REMO	VAL (Specify)	950	Cathedral	IN OR CILEMATORY	Baltimore Baltimore	The second
DATE RECLOCAL RE	EIVED BY REGISTRAR	SSIGNATI	JRE //	25. FUNERAL DIRECT	eld, 900 E. Biddl	ADDRESS Le St
VS 151	N-968		266 98		1'	78a V



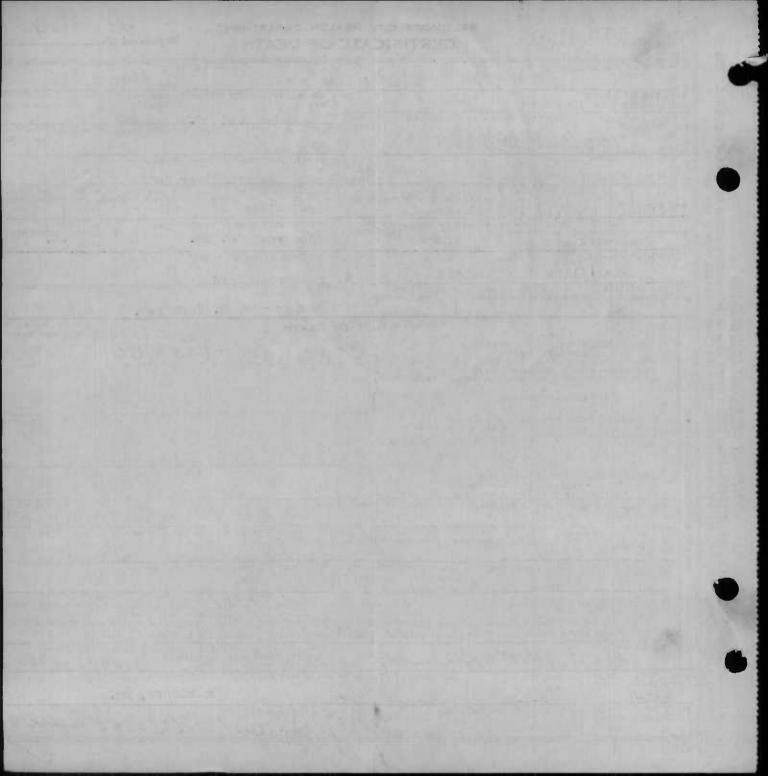
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IDTH NO				

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4176 Registered No.

B	RTH NO.			
	NAME OF DECEASED JUN 8 He McCui	lly	OF DEATH MO	45,1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived, In B. COUNTY	institution : residence before admission)
В.	FULL NAME OF I'f not in hospital or institution, give street address or			arundel
11	STITUTION	C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
1			3201	A Carlotte
	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.		River Road	If Under 1 Year If Under 24 Hours
F	WIDOWED, DIVORCED (Specify)	6-I6-I888	9. AGE (In years last birthday) M	onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State o		I 12. CITIZEN OF
wor	done during most of working life, even if retired) Housework Home			WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
	James Ellis	Lorena For	rd	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no organ nown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT		ADDRESS
	SECORITI NO.	Family -130	E. Fort Ave.	
	18. 42-0 1 . CAUSE	OF DEATH		INTERVAL BETWEEN
	DISTINGT OR CONDITION DIRECTLY		D	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	O TO NALY	Visedse	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	(********
	ANTECEDENT CAUSES (B)			
3	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************	
RTIFICATION	UNDERLYING CONDITION LAST.			
C				
L	OTHER SIGNIFICANT CONDITIONS CON-			
2	TRIBUTING TO THE DEATH, BUT NOT RELATED			
CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	RATION		20. AUTOPSY?
4				YES NO
EDICA	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg		(If in Baltimore City,	give exact location)
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK			
	22. I certify that I took charge of the remains described of	shove held an Ins	pretion	thanaon and faan
		Autops	y, Inspection or Inquiry	thereon and from
	the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes	s 🖹, accident 🗌, suicio	de 🗌, homicide 🔲, i	he day stated above undctermined □.
	23A. SIGNATURE W. H. Karren J. M	238. CHIEF MEDICA ASSISTANT MEDICA I.D. MEDICAL INVESTIG	L EXAMINER 23	141/5,1.950
24 TH	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D.		or (ounty) (State)
	Punia? Do no Do	ark	Baltimore, Md	1.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTO	R	ADDRESS
1	OCAL REGISTRAR	11011	1 111. 00.	110 W. and 68



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BIRTH	NO.		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

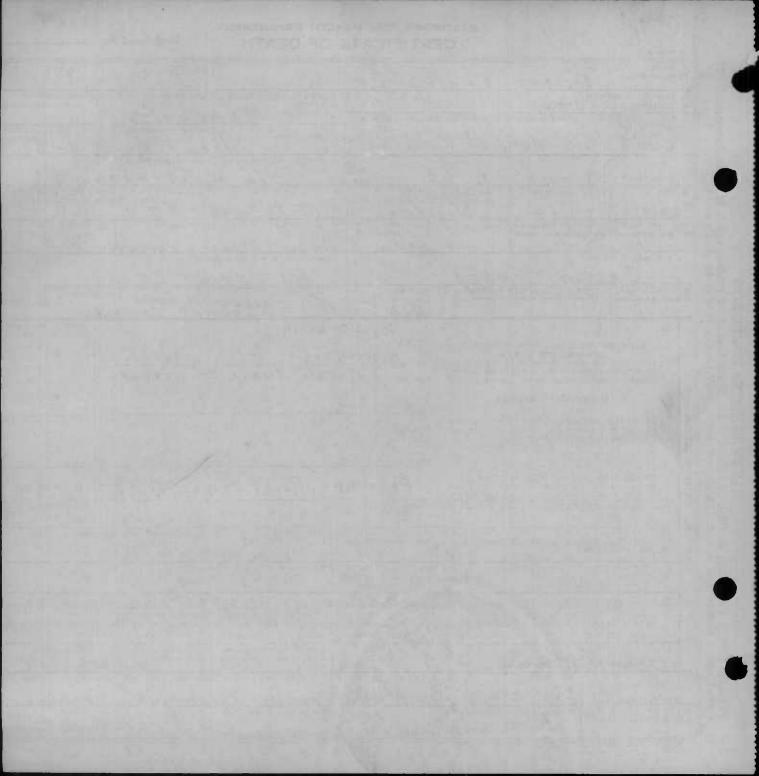
50 4177
Registered No
2. DATE OF MOY 6, 1950
here deceased lived. If institution: residence B. COUNTY before admission)
outside corporate limits, write RURAL and give township)
ural, give location) SARATOGA ST
9. AGE (in years If Under Year last birthday) Months: Days Hours Min.
reign country) 12. CITIZEN OF WHAT COUNTRY?
ME
BURRELL ADDRESS INDIAMA COT INDIAN POHIS
INTERVAL BETWEEN ONSET AND DEATH
r Disease
1- 11,000

B	IRTH NO.		
	NAME OF DECEASED Print) Ailern Conlev Er	win 2. DATE OF DEATH MOY 6	,1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before admission)
H	FULL NAME OF Continuous notation of institution, give street address or OSPITAL OR location)		vrite RURAL and give
-	6028 Old Hardord Road	D. STREET ADDRESS (If rural, give location)	4-01
	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)	CIST
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		or I Year It Under 24 Hours
E	emale white WIDOWED (Specify)	OcT-13-1860 last hirthday) Month	B Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of Lobert Lo	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
1	Housewife at Home	BLOOM FIELD INDIANNA	Vda
	Taccar Carlon	14. MOTHER'S MAIDEN NAME	/
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL	17. INFORMANT	DESS.
(Ye	(If yes, give war or dates of service) SECURITY NO.	MRS MARJORIE BURRELL ADD	PALIC INDIANN
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	to in them.	JOHOCE AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	THE WE THE TOTAL DISCUSSION OF THE PARTY OF	
	injury or complication which caused death.) DUE TO	aldie as agedials Disaase	
	ANTECEDENT CAUSES (B)		
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
AT	UNDERLYING CONDITION LAST.		
RTIFICA	11		
Ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ire, Right Femur, Neck	6 was.
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
CAI	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e. g., it PRIMARY ☐ OR CONTRIBUTING ☑ about home, farm, fuctory, street, office bldg.,		1 110
EDI	PRIMARY OR CONTRIBUTING Debout home, farm, fuctory, street, office bldg., about home, farm, farm, fuctory, street, office bldg., about home, farm, farm	416 W. Saratoga Street	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY 3/25/50 m. WHILE AT NOT WHILE AT WORK	Fell out of bed .	
	22. I certify that I took charge of the remains described a	Autopsy, Inspection or Inquiry	hereon and from
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the o	lay stated above, etermined □.
	Com: H. Karne , 2.	238. CHIEF MEDICAL EXAMINER 23C. E ASSISTANT MEDICAL EXAMINER D .D. MEDICAL INVESTIGATOR	DATE SIGNED
24 TIC	AA. BURIAL, CREMA- 24B. DATE 246 NAME OF CEMETE		county) (State)
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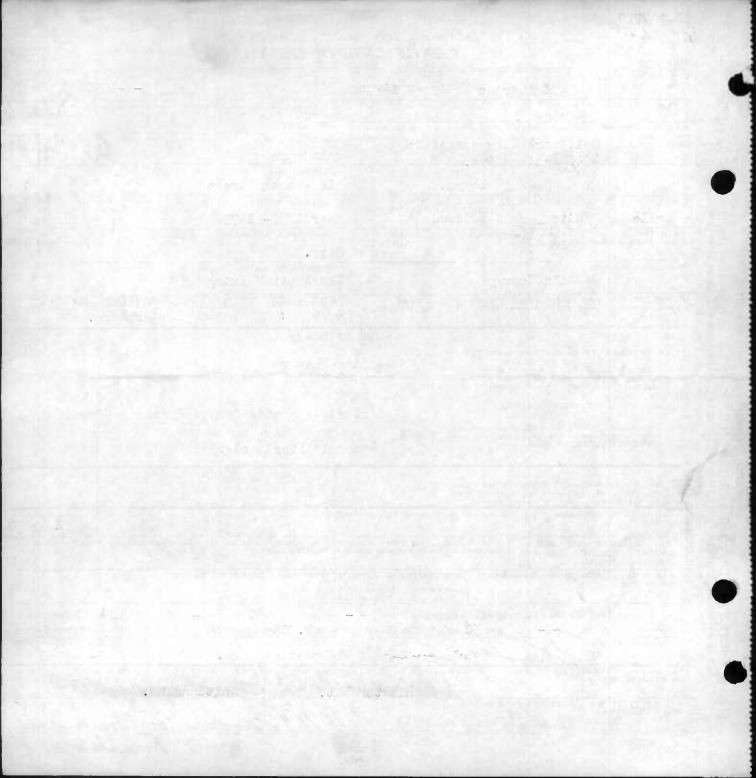
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	IE PI ILY, WITH UNFADING INK. Every item of information should be efully suppl	especially important. Physicians: please write the causes of death clearly and legibly.
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1	65	2/29
	5(F BIRTH	4178 No.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4178 Registered No.

BIR	TH NO.	0		CLICITI ICATI	L OI DEATH		
1. I (Ty	NAME OF D pe or Print)	eceased Cathe	erine E	mily Armstrong		2. DATE OF 5-7 DEATH	-1950
A. I		City, Maryland	tol on institut	tion, give street address or	4. USUAL RESIDENCE A. STATE Maryland		lf institution : residence before admission)
HO	SPITAL OR			loostion		(If outside corporate lin	nits, write RURAL and give
INS	TITUTION	Baltimore (spitals	Baltimore	(if outside corporate in	township)
		4040 Easte:	rn Ave.	Yrs.	o. STREET ADDRESS	If wine love love to will	7-01
		tay in Baltimore	14y	rs. Mos. Days	616 Lennox Stre	eet	
F	emale	6.COLOR OF RACE White	Wind	e, married, ved, divorced (Specify) owed	8. DATE OF BIRTH April 30- 187	9. AGE (In years last birthday)	Months Days Hours Min.
10A	. USUAL OCI	CUPATION (Give kind of if working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Mass.	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N				14. MOTHER'S MAIDEN	NAME	
		John Con	iway		Elizabeth Mann:	ing	
15. (Yes,	WAS DECEASE no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT I Records :	Baltimore Cit 1940 Eastern	Ave.
CERTIFICATION	heart failuinjury or DISEASES RISE TO TI	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	of dying, e. ins the diseas caused death SES F ANY, GIVIN STATING THAST.	(B) Arti	ac Failure eriosclerotic Ca eral Arterioscle		r Disease
H.	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER. R CONTRIBUTING		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City	
2 -	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INSURT		m.	WHILE AT NOT WHILE			Δ.
			tended the	deccased from 5-2	, 19_50 to_		
_	deceased al	ive on 5-7	19 50.		red at 7.50Am., from	the causes and on	
	23A. SIGNAT	Cos. C	1690		38. ADDRESS 4940 Eastern Ave	•	5-7-1950
TION	N. BURIAL, C N. REMOVAL (S	pecify)		Washington	National Si	itland Md.	on, or county) (State)
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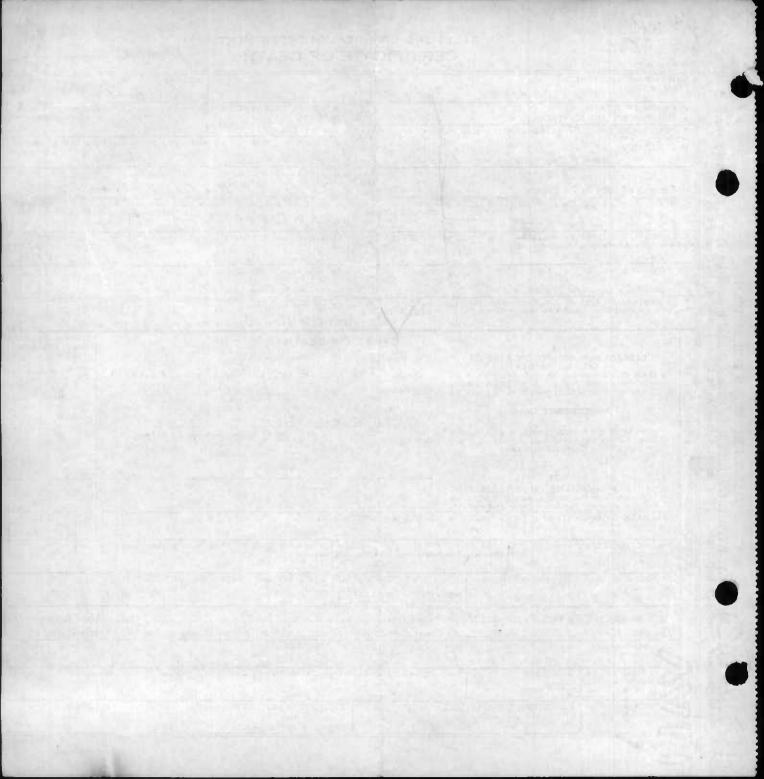
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BALTIMORE CITY HEALTH DEPARTMENT

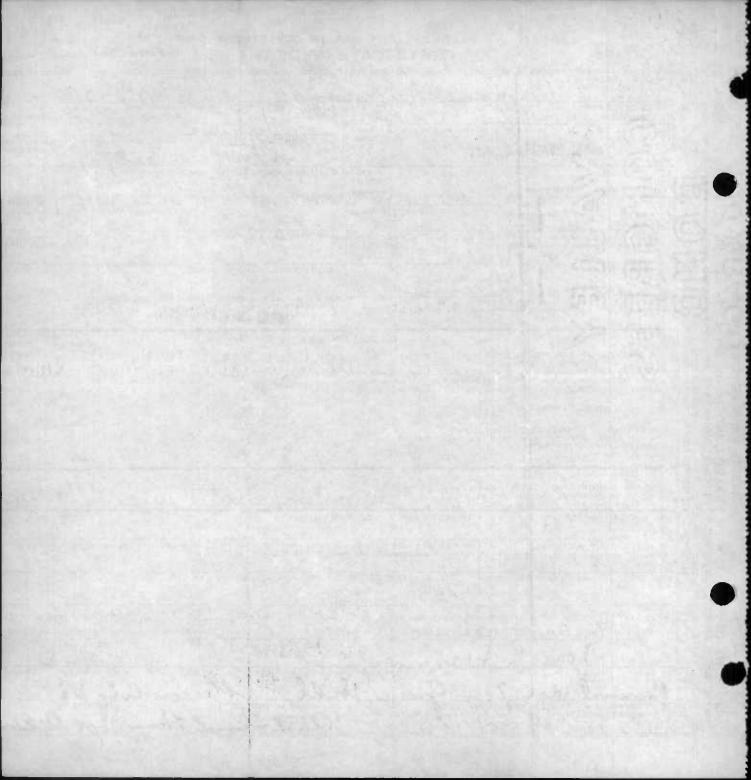
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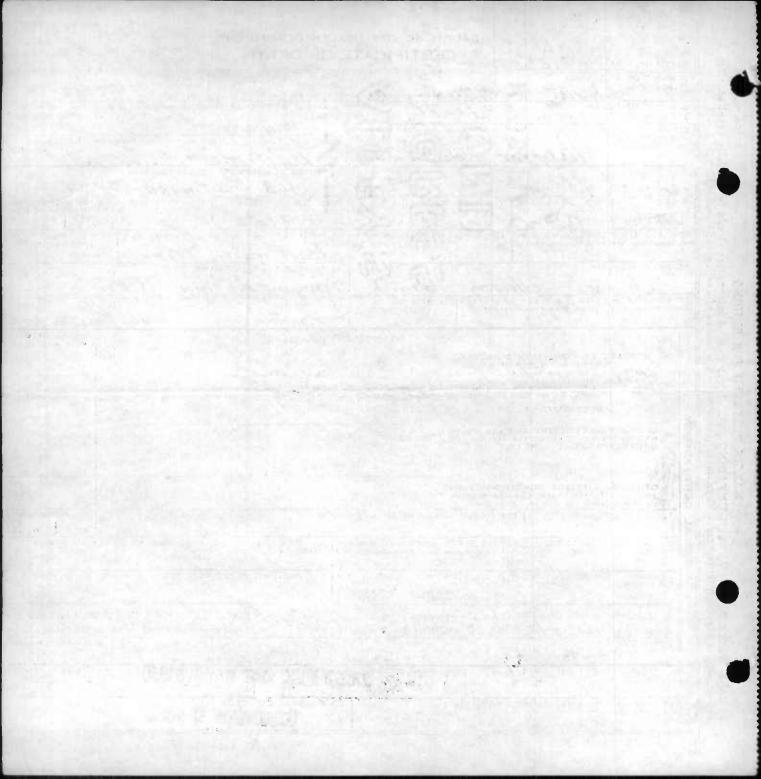
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BI	CERTIFICA	TE OF DEATH Registered No.		
	NAME OF DECEASED ype or Print) Fredericte Riffer	2. DATE OF DEATH 5-5-50		
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
HC	FULL NAME OF (If not in hospital or institution, give street address location and location street address location street and location street and location street address location street address location street and location street and location street address location street and location	c. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh		
c.	Yrs Length of stay in Baltimore Day	31 - 1 - 0 1 - 0		
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Color)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 He		
10 work	DA. USUAL OCCUPATION (Givekind of the done during most of working life, even if retired) INDUSTR			
13	FATHER'S NAME William A. Linder	14. MOTHER'S MAIDEN NAME		
15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS		
(10	Mrs. Alice Spurrier 3619 6. Beloeder		
	18. 420.1 CAUSE	OF DEATH INTERVAL BETWEE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ite Cornary Occhesion 24 hrs		
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	enosclerolic cordio vos alar desere y (3		
F	(C)			
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY1		
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT WORK AT WORK	LE CO		
	22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw t		
	deceased alive on, 19, and that death occ	urred atm., from the causes and on the date stated about 23s. ADDRESS 23c. DATE SIGNE		
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR MAY 8 - 1950	25. FUNERAL DIRECTOR ADDRESS		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) on should be efu Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours : Min. 8-6-4 TOA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? information of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS JOHNS ROPKINS HUSPITE (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. of INTERVAL BETWEEN 18. 204.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. EDICA 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 4-20-5-7-, 1950, that I last saw the 19 50to RITE is esp deceased alive on 5 - 7 - 19.50, and that death occurred at 2115 Cm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTE AR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR hualor //hualus, Mill VS 150





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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

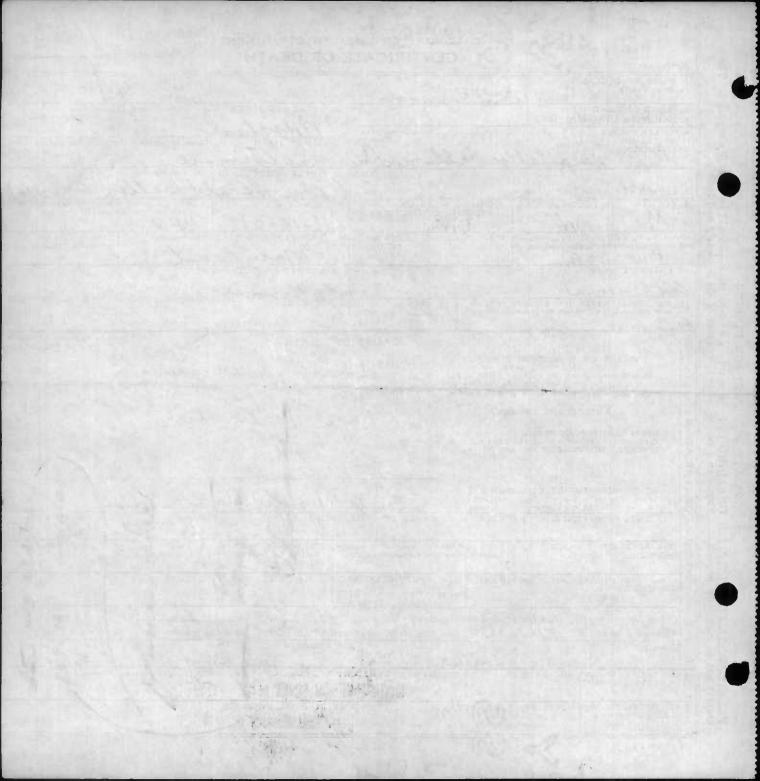
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	BIRTH NO.	CERTIFICATI	E OF DEATH	Registereu	
	NAME OF DECEASED Type or Print)	e Thompson		2. DATE OF DEATH	1/1/50
	Baltimore City, Maryland		4. USUAL RESIDENCE		f institution : residence before admission)
1		ital or institution, give street address or location)		If outside orporate lim	its, write RURAL and give
-	Sinai Haspital	. of Ballimore me	D. STREET ADDRESS (I	f rural, give location)	E. Bello, S.C.
1	Length of stay in Baltimore	Mos. Days	Richie Hal	Il Salt	V Gan Ste)
	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Year (Il Under 24 Hours fonths Days Hours Min.
we	OA. USUAL OCCUPATION (Give kind of ork done during most of working life, evan if retired ButcheR.	of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME		14. MOTHER'S ME DEN		
-	Un Rnown		Unknown		
G	5. WAS DECEASED EVER IN U. S. ARME (oe, no or unknown) (If yee, give war or dat	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N.C.	DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAL DISEASES OR CONDITIONS,	I DIRECTLY ATH of dying, e. g., cans the disease, caused death.) DUE TO	pr. Peftic	ulaintis Ulien	INTERVAL BETWEEN ONSET AND DEATH
NOITEGATION	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION 1) STATING THE DUE TO			
REPTIE	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BU' TO THE DISEASE OR CONDITION	T NOT RELATED	myocardial	Intereti	
	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	1/	20. AUTOPSY?
FDICAL	21A. ACCIDENT, SUICIDE,	21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID	(If in Baltimore City,	YES NO L
G	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,		(ar m bartmore orey,	give exact locationy
2	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK AT WORK		RY OCCUR?	
	22. I hereby certify that I at	ttended the deceased from	5/1 1950, to	/	50, that I last saw the
	deceased alive on 5/	9.0	rred at 11 Am., from	the causes and on	the date stated above.
1	24A. BURIAL, CREMA- ION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OF CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
	OCAL REGISTRAR	R'S SIGNATURE	25 FUNERAL DIRECTOR	Health	ADDRESS

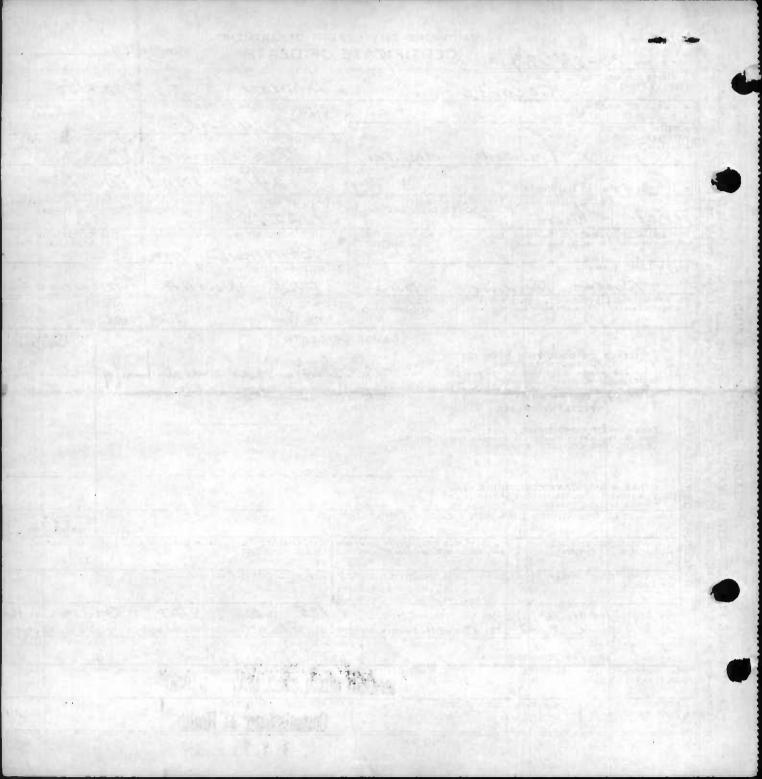
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4183 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 50-0823 BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) phoson OF iccard o DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City. Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) rouident tospital a11,mole Yrs. D. STREET ADDRESS (If rural, give location) Mos. MAdison c. Length of stay in Baltimore Day 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) mair 25 Vegro 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY more 13. FATHER'S NAME MAIDEN NAME /Jooker DOORE NovellA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, give SECURITY NO mAdison INTERVAL BETWEEN 18. CAUSE OF DEATH 60. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES HOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST! FICA. (C) ... RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTÓPSYT EDICA YES V NO 218. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK . 19 50 to , 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from 19 10 and that death occurred at 52 m., from the causes and on the date stated above. 4/27 deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR ADDRESS MAY 8 195 houting or / mails, 11/2 VS 150



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4	40 50 4184
	BIRTH NO.
	1. NAME OF DECE (Type or Print)
	3. PLACE OF DEAT
	B. FULL NAME OF HOSPITAL OR INSTITUTION
,	1332

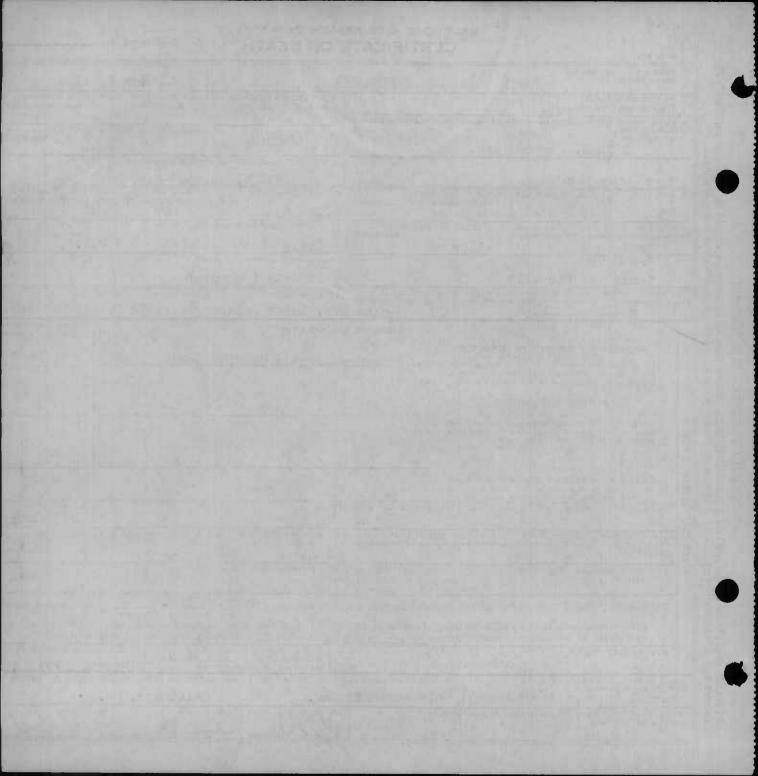
BALTIMORE CITY HEALTH DEPARTMENT

4184

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BIRTH NO.	CERTIFICA	TE OF DEATH	Registered .	No.
1. NAME OF DECEASED (Type or Print) VERI	NO FIORE	LLI	2. DATE OF DEATH MAY	5, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE		
B. FULL NAME OF (If not in hospita	al or institution, give street address	or Md.	5.0001(11	201014 0411103103
HOSPITAL OR INSTITUTION	locatio	c. CITY OR TOWN	(If outside corporate limi	its, write RURAL and giv
1332 N. Ellwood		Baltimon		03
	Yrs Mos			
c. Length of stay in Baltimore	Day	3 1332 N. I	Ellwood Ave.	
5. SEX 6. COLOR DR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Widowed)	6-22-1882	9. AGE (In years last birthday) M	if Under 1 Year if Under 24 House on the Days Hours Min
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Retired		11. BIRTHPLACE (State of	r foreign country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Louis Fiorelli		Liberta (Unka	nown)	
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war or dates	security No. 213-05-8464	Mrs. Edith Wein	perger. 1332 N	N. Ellwood Ave
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which or ANTECEDENT CAUSE DISEASES OR CONDITIONS, IS RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH. BUT TO THE DISEASE OR CONDITION TRIBUTING TO THE DESEASE OR CONDITION	rans the disease, caused death.) DUE TD SES (B)	osclerotic Cardio	ovascular Pise	PASE
	98. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
1				YES ND
21A EXTERNAL CAUSE WAS PRIMARY DR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	g.etc.) 21C. WHERE DID	(If in Baltimore City,	give exact location)
Z 1D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCUP WHILE AT NOT WHI MORK AT WOR	E	RY OCCUR?	
the evidence obtained by and death in my opinion 23A. SIGNATURE	rge of the remains described said Autopsy, Inspection or resulted from: natural cause	Inquiry, find that said ses Autops; Inquiry, find that said	deccased died on the homicide , the EXAMINER 1 2	he day stated abov
1.1.7.	Menika	M.D. MEDICAL INVESTIG	ATOR 🕅 I Mg	av 6. 1950
24a. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify) 5/9/50		er Cem. 240.	Baltimore, 1	
	S SIGNATURE	25 FUNERAL DIRECTOR		ADDRESS /

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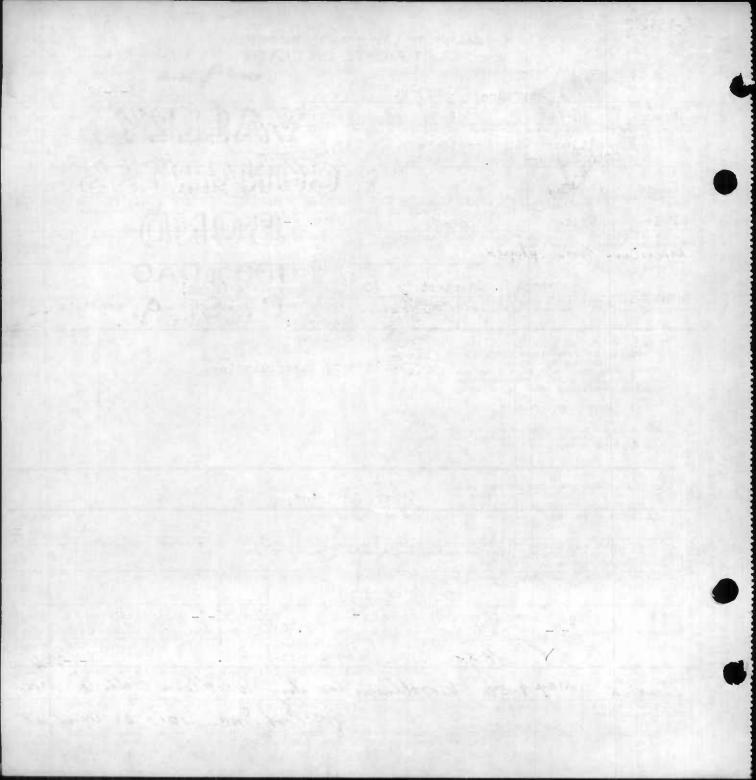
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	50 No.—	4185
ATE		

1. NAME OF DECEASED (Type or Print) Lawrence Sherbert 2. DATE OF DEATH 5-7	·-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals Maryland C. CITY OR TOWN (If outside corporate limits C. CITY OR TOWN C	write RURAL and sive
4940 Eastern Ave. Baltimore	township)
Yrs. D. STREET ADDRESS (If rural, give ocation)	
c. Length of stay in Baltimore Life Mos. Days 714 Redwood Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years More 1890 184 birthday) More Widowed 59	Under I Year It Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpencu. Unem 1. 1042d- Maryland	WITH COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Joseph R. Sherbert (D Mary Reid (Reed)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Baltimore City Hay	#Ffffs
Records: 4940 Eastern Ave.	*
CThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CONTRIBUTION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TUBERCULOSIS OF Spinal	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 1-20, to 5-7-, 1950	that I last saw the
deceased alive on 5-7- 1950 and that death occurred at 2.30AM, from the causes and on the	e date stated above.
23A. SIGNATURE 23B. ADDRESS	23C. DATE SIGNED
M. O. Usgen M.D. 4940 Eastern Ave.	5-7-1950
24a. BURIAL. CREMA- 24B. DATE 10N. BEMOVAL (Specify) May 9-56 Wordlawn Corneling Woodlam Beli	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	Paul st
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) EDWARD DICKERSON MADDEN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland BALTINA RE, MO.

B. FULL NAME OF (If not in hospital or institution, give street address or defere admission) B. COUNTY MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MUSSIFUND HVE. BALTIMORE 241 D. STREET ADDRESS (If rural, give location) Yrs. Mos. MARZYLAND c. Length of stay in Baltimore Days 9. AGE (In year) M Under I Year I Hours 24 Hours Iast birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH OCT. 13,1872 MARRIED 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ILLMBING CO. FEORIA. LLLINOIS STEAN FITTERS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME AUGUSTA CROOK 405EPH H. MADDEN 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT WIFE ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ALICE MADDEN- 24.7 MARYLAND AVE YES NONE CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY ARCINOMIA - SIGMOID LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 18 4,25 GENERALIZED HRTERIOSCLEROSIS H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NEU-PLASAN SIGATUID E CIBSTRUCTION 4.1949 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? (Specify) HOMICIDE 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 1978, to MAY 6 22. I hereby certify that I attended the deceased from July _, 1956, that I last saw the deceased alive on MAY 4, 1950, and that death occurred at 9 . m., from the causes and on the date stated above. 23A. SIGNATURE GOEH ICAVEN BLVD. 4230 24D. LOCATION (City, town, or Burka DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR while others

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et 51	B	IRTA 187	CERTIFICATE		Registered No.	4187
	1.	NAME OF DECEASED Type or Print)	uis Twele		2. DATE OF DEATH May	6 1950
fully supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore City, Maryland Baltimore (If not in hospital or	Timera Marylan institution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived, If inst	before admission)
rully i		OSPITAL OR NSTITUTION 44 Union Men	location)	C. CITY OR TOWN (II)	outside corporate limits, w	rite RURAL and give township
egib		Length of stay in Baltimore	Yrs, Mos. Days	20 Aintra		
ould b		Male White	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	April 14 1907	last birthday) Months	n I Year II Under 24 Hours B Days Hours Min.
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item item		18. 0 7.0 DISEASE OR CONDITION DIR LEADING TO DEATH		OF DEATH	. + .	ONSET AND DEATH
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RESERVED INK. Ever please write	NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN				
2.8	FICAT	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.				
MARGIN UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	T RELATED			
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Y, WITI	MEDIC		218. PLACE OF INJURY (e. g., in out home, farm, factory, street, office hidg., e		f in Baltimore City, give	exact location)
LA in it		21D. TIME (Month) (Day) (Year) (Hot OF INJURY	m. WHILE AT NOT WHILE AT WORK			
WRITE PI		22. I hereby certify that I attended deceased alive on May 6, 19	950, and that death occur	od at 9:20 P.m., from the	to causes and on the c	
WRI rge is	2.	23A SIGNATURE THE SURPLINE STATE AA BURIAL, CREMA- 24B. DATE OF REMOVAL (Specify)		BY OR CREMATORY 24D. LE	ATION (City, town, or o	County) (State)
PLEASE W	LA	ATE RECEIVED BY I REGISTRAR'S SI	Ranhwoo	/ /3	mhville	Md DDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4188 Registered No.

12 DATE

(Type or Print) MRS IDA Kocklez Pohl.	DEATH 6 May 1950
A. Baltimore City, Maryland 3/8-X Ellumed A. STATE	E (Where deceased lived, If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	d 6-01
INSTITUTION	(If outside corporate limits, write RURAL and gi
Yrs. D. STREET ADDRESS	(If rural, give location)
c. Length of stay in Baltimore like Mos. 318 N	Ellword au
5. SEX 6. COLOR OR RACE 7. SING E. MARRIED. 8. DATE OF BIRTH	9. AGE (In years If Under I Year If Under 24 Ho
male White WIDOWED, DIVORCED (Specify)	77 Plast birthday) Months Days Hours Mi
	or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) 1 NDUSTR Ball	WHAT COUNTR
13. FATHER'S NAME 14. MOTHER'S MAID	N NAME
William Kachler Emilie	In lana
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	EDRESS
geo Pohl	318 M Clevon
18. 450.0 CAUSE OF DEATH	INTERVAL BETWE ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Congestive Neunt	Failure
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B) Colemanter	d
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
in alvanced age	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Vonc 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (6. g., in or 21C. WHERE DID	(If in Baltimore City, give exact location)
A HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
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OF INJURY WHILE AT NOT WHILE	
m. WORK AI WORK	O: -
22. I hereby certify that I attended the deceased from mark, 1950,	
deceased alive on my b, 1950, and that death occurred at 9:15 m., fr	om the causes and on the date stated above
Marle F. Cruny M.D. 2722 E. M.	mement It to mans
	4D. LOCATION (City, town, or county) Stat

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

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RESEL	INK.	please
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5	ВІ	4189			TH DEPARTMENT OF DEATH	Registered No_	4189
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pglie	A.	PLACE OF DEATH: Baltimore City, Maryla	nd	4. A.	USUAL RESIDENCE (W		itution: residence before admission)
fully supplied.	H	FULL NAME OF (If not in DEPITAL OR STITUTION	in hospital or institution, give s	2 A2 >	CITY OR TOWN (If	outside corporate limit, w	rite RURAL and give township)
full legibly		T. (1) C. (1- D-W)	t recording	Mos.	STREET ADDRESS (If r	rural, give location)	Chine
d b	-	Length of stay in Baltin			DATE OF BIRTH	9. AGE (In years last birthday) Month	r I Year It Under 24 Hours Days Hours Min.
NDING information should s of death clearly an	10 work	A. USUAL OCCUPATION (G. donedwing most of working life, even	ivekindof 10B, KIND OF BUS	SINESS OR 11	. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY?
ation th cle	13	FATHER'S NAME	S AGAAAA	14	MOTHER'S MAIDEN NA	ME	280
form f dea	15	. WAS DECEASED EVER IN U.			INFORMANT	D Church	RESS
of of uses	(Ye	no -	ar or dates of service) SEC	SURITY NO.	uiss marie	Kaunitz	Same Interval Between
0 40		DISEASE OR COND		CAUSE OF	DEATH		ONSET AND DEATH
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LY, WITH	MEDIC	21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	21B. PLACE OF I about home, farm, factory	NJURY (e. g., in or , street, office bldg., etc.)	21c. WHERE DID (I	f in Baltimore City, give	exact location)
AII	2	21D. TIME (Month) (Day OF INJURY) (Year) (Hour) 21E. INJ	NOT WHILE	21F. HOW DID INJURY	OCCUR?	
TE PL			at I attended the decease	d from 5 -	3, 195, to l at 5:10 Am., from th	5 - 5, 195pt	hat I last saw the
RI		deceased alive on 23A SIGNATURE	Ranson , and the		ADDRESS		3c. DATE SIGNED
可吸	2	AA. BURIAL, CREMA- 24B. ON, REMOVAL (Specify)	DATE 240. NAM	ME OF CEMETERY	OR CREMATORY 24D. LO	OCATION (City, town, or	County) (State)
PLEASE correct a	T LOK		STRAR'S SIGNATURE		FUNERAL DIRECTOR		Park Ave

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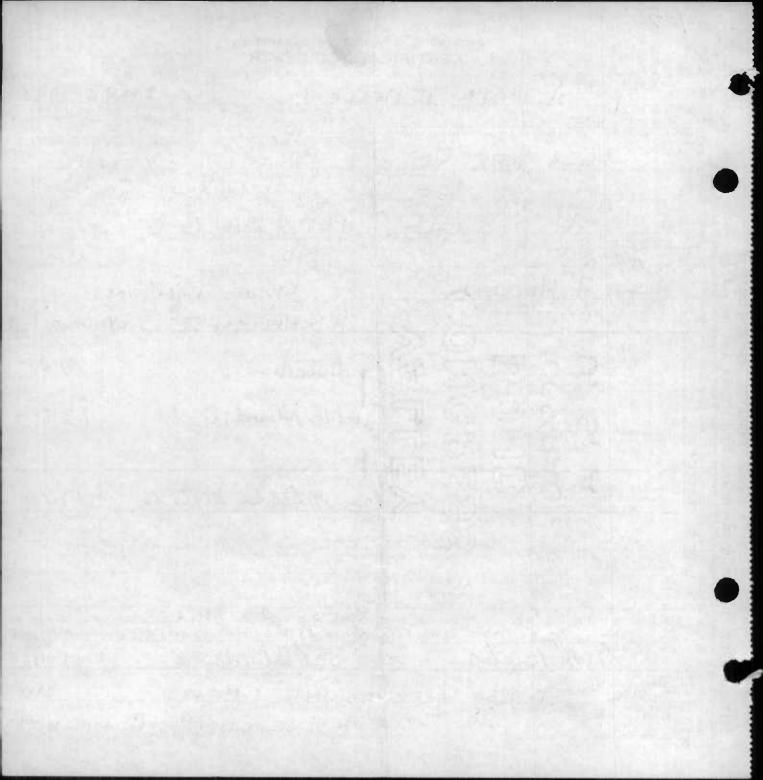
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The	BI	CERTIFICAT	E OF DEATH Registered No.		
ed.	1. (T	NAME OF DECEASED ALVERTA T. HEL	LEN 2. DATE OF DEATH MAN	6,1950	
supplied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)	
id be jully and legaly.	H	FULL NAME OF (If not in hospital or institution, give street address or location ASA VOPV RO	C. CITY OR TOWN (If outside corporate limits, y	vrite RURAL and give township)	
	c.	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)		
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ath	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
information s of death cle	15	S. WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADD	RESS	
f in	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.		MDALE AUF	
em of i		18. 3 3 / X 1 CAUSE	OF DEATH	INTERVAL BETWEEN	
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		injury or complication which caused death.) DUE TD ANTECEDENT CAUSES	1111/	1.5.00	
INK.	NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	whil Hemosy	1960	
ING I	CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
UNFADING Physicians:	1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	in Intestable Reports	1946	
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re PL.		22. I hereby certify that I attended the deceased from Gul 3, 160 to m, 193, that I last saw the			
		deceased alive on my 5, 1950, and that death occurred at 7.300 m., from the causes and on the date stated above.			
440		B. W. Bushon M.D.	503 Shendan a	m 8-1950	
SE age	71	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or	couldy) (State)	
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS	
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1				EALTH DEPARTMENT	50	4191
	ВІ	RTH NO.	ERTIFICATI	E OF DEATH	Registered No.	
ľ		NAME OF DECEASED //pe or Print)	Hob		2. DATE OF MAIL	1-7-195A
		PLACE OF DEATH: Baltimore City, Maryland 3/2 Poss	k QUE	4. USUAL RESIDENCE (W	here deceased lived. If its	titution: residence
1	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			c. CITY OR TOWN (If	outside corporate limits, w	
	cel-home			Bal	umore	township
TC PAD	c.	Length of stay in Baltimore Anhalds	Yrs. Mos. Days	3/2 av	pral, give location)	4-01
allu	5.7	SEX 6.COLOR OR HACE 7. SINGLE, M WIDOWED.	ARRISO. DIVORCED/(Specify)	Shaul 1872	9. AGE (In years last birthday) Month	s Days Hours Min.
leail)		USUAL OCCUPATION (Givekindof done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
113	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME -	
nca -		could not assent	lar	Cannot a	scentain	
10 62		. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SECURITY NO.	Ham Cind -	312 Park	Aur
ans		18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
ים רוום כי		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	(A) Coro	roy each	sec	1 long
TYM		injury or complication which caused death.)	DUE TO			
200	z	ANTECEDENT CAUSES	(B)			
CATIOI	4	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	Stanley K &	APPROVED BY	
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ERTI		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CHIEF OR ASST. ME	DIGAL EXAMINER.	
rant.	Ĭ.		NDINGS OF OPER	RATION		YES NO
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give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from my 7 the deceased alive on my 7 th 1926, and that death occurred at 195 atokey 192, that I last saw the deccased alive on. 1956 and that death occurred at 1 P. m., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED

24A. BURIAL CREMA-TION REMOVAL (Specify) 24B. DANE una

100 n CEMETERY DR CREMATORY OCATION (City, town, or county)

(State)

tow ship)

DATE RECEIVED BY LOCAL REGISTRAR

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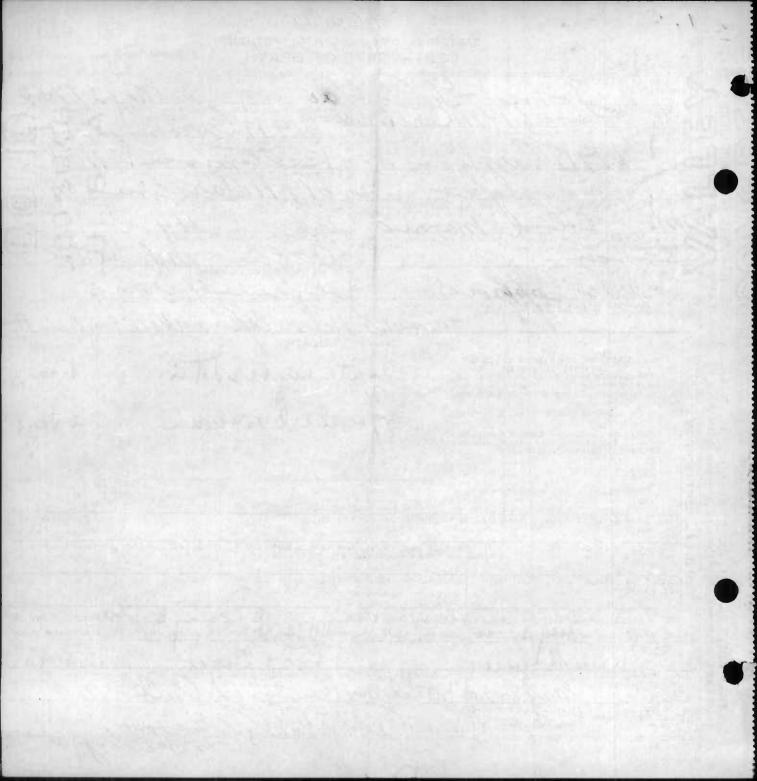
BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived A) institution: residence A. Baltimore City, Maryland B. COUNT before admission) (If not in hospital or institution, give street B. FULL NAME OF ddress or HOSPITAL OR location) imits, write AURAL and give INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days 6 COLOR OF RACE SINGLE, MARRIED. Months: Days Hours Min. AGE (In years last birthday) TOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR HPLACE (State or foreign 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY 15. WAS DECEASED EVER IN U 16. SOCIAL FORCES? (If yes, give w (Yes, no or unknown) SECURITY INTERVAL BETWEEN OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (G) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK WORK Othat I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Men 19 and that death occurred from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23в. 5.5.4 24c. NAME OF CEMETERY 24A. BURIAL, CREMA-TION, REMOVAL (Specify Buria ADDRESS

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



F.1653 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institut residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CATY OR TOWN JOHNS HOPKINS HOSPITA (If outside corporate limits, write RURAL and give INSTITUTION ويره D. STREET ADDRESS (If rural rive location) Y43. Mos. c. Length of stay in Baltimore Pays 9. AGE (In years | Munder | Year | Munder 24 nous | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED If linder 24 Homs should learly an WIDOWED, DIVORCED (Specify 2-13-0 IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Manufacturer Shirts Las Marias, Puerto Rico U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ramon Frontera Catalina Bernat 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. LOUIS ROPKINS HOSPITE causes Balto., Md. Jo 181.0 item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Portal Circhosis the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION LY, WITH Important. CA (If In Brimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 2Ac. WHERE DID 21A. ACCIDENT WAS UNDERō ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 195 Oto may 1 . 1952 that I last saw the RITE is espe m., from the earlies and on the date stated above. deceased alive on 19 and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED IS ROPKINS HOSPITZ 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) 5 - 8 - 50Mayaguez, Puerto Rico shipment DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR John O.Mitchell & Sons, Inc. 1900 Eutaw Pl. Baltimore Md. VS 150

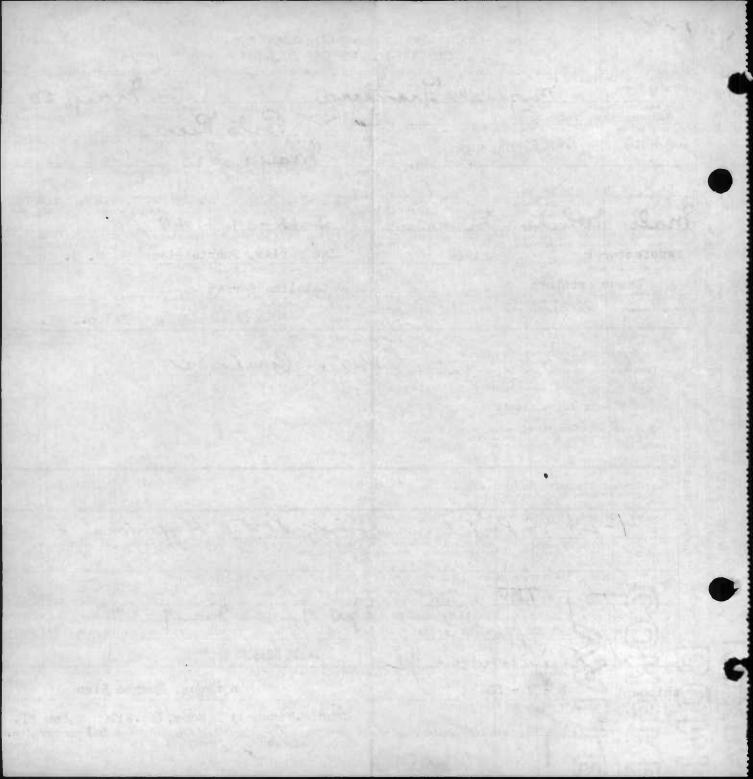
BINDING

FOR

RESERVED

MARGIN

124B



before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

(If in Baltimore City, give exact location)

NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from.

AT WORK

24C. NAME OF

that I last saw the deceased alive on Myy 5 1950, and that death occurred at m., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED

23A SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

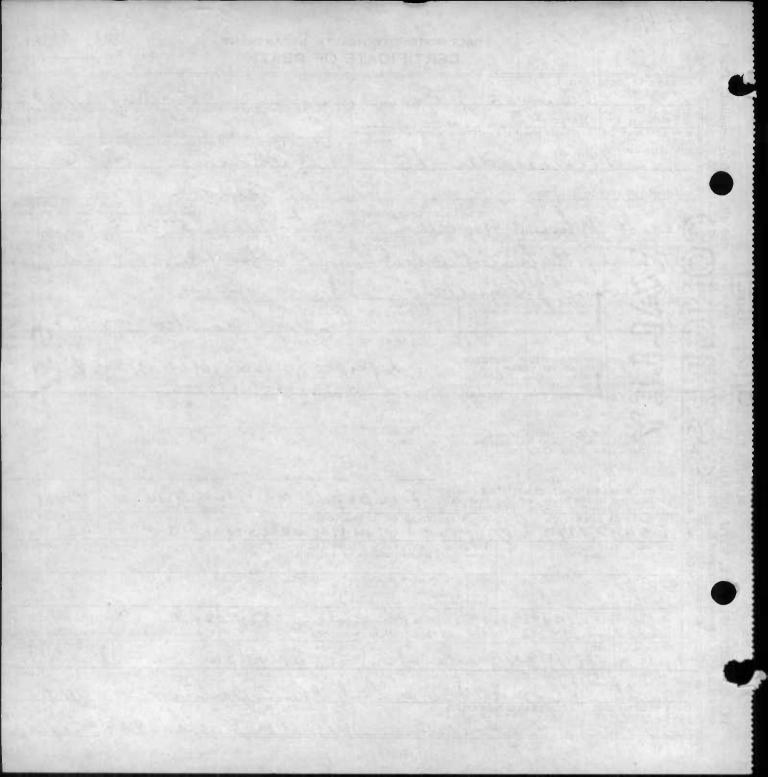
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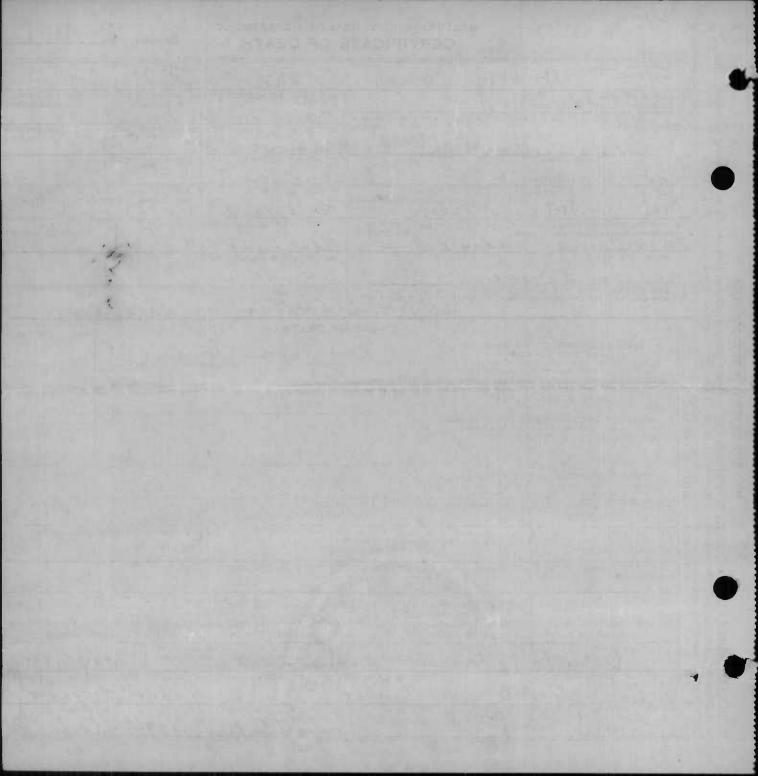
25. FUNERAL DIRECTOR

VS 150

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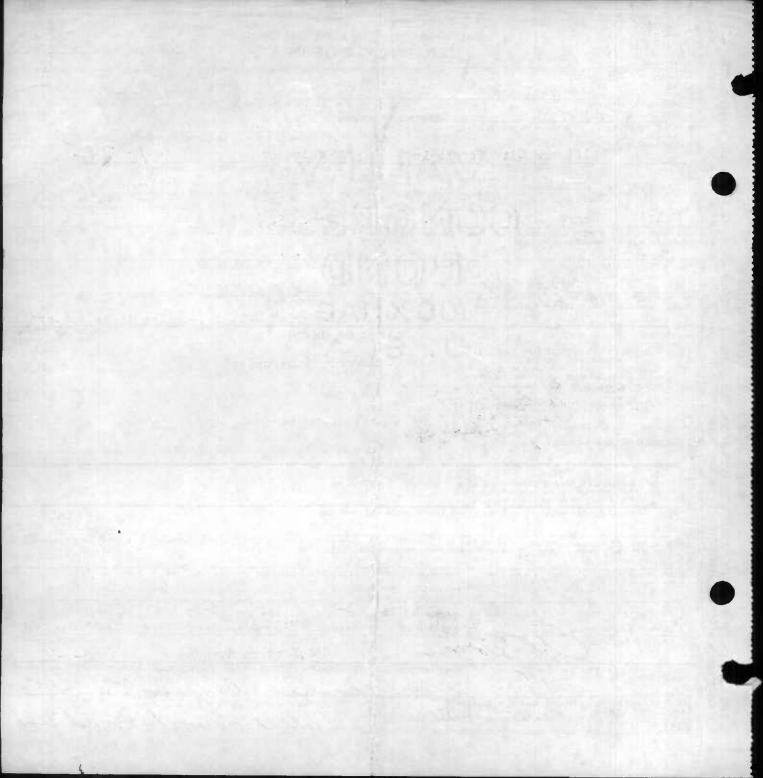
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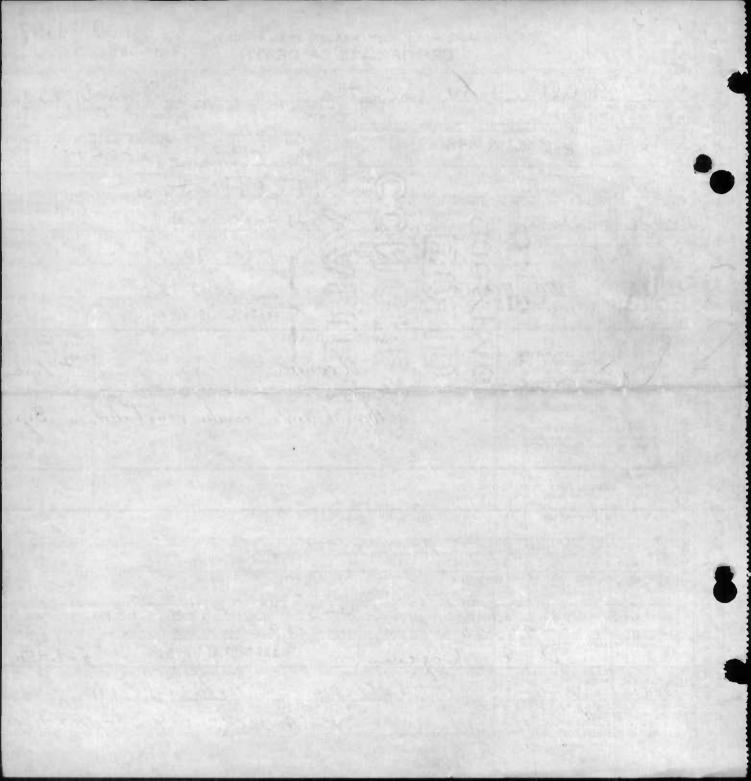




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MAKGIN RESERVED FOR BIN	UNFADING	Physicians.
	WITH,	ortant
	MILY	imn
	PLEAS WRITE PI NLY, WITH UNFADING INK. Every item of	age is peneri:
	PLEA	Corroct

50 4196	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	Registered 1	30 4136 No	
BIRTH NO.	OEKIII IOATI	E OF BEATTI			
1. NAME OF DECEASED (Type or Print) Theodore Val	nce		2. DATE OF DEATH 5-3	50	
3. PLACE OF DEATH:	1706	4. USUAL RESIDENCE	Where deceased lived, It	institution : residence	
B. FULL NAME OF (If not in hospits	A. STATE B. COUNTY before admission Md.				
HOSPITAL OR INSTITUTION		f outside corporate limi	ts, write RURAL and give		
Baltimore C:	Baltimore 7-02 township				
	Yrs. Mos.	D. STREET ADDRESS (I			
c. Length of stay in Baltimore	27 Irs. Days	No Home (630 G			
5. SEX 6. COLOR OR RACE Male Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Dec. 25, 1905		ff Under 1 Year on the Days Hours Mir	
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)		11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME	Compared x exp	14. MOTHER'S MAIDEN NAME			
Charles V	Tance	Hattie Pears	0.10		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		DDRESS 4940	
Yes, no or unknown) (If yes, give war or dates	service) SECURITY NO.	Records* Balto			
18. 00 × X	CALISE	OF DEATH	. 010, 1100010	INTERVAL BETWEE	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDI	(C)				
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION					
19A. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	RATION		20, AUTOPSY?	
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is about home, farm, factory, etreet, office bldg.,	n or 21c. WHERE DID 1NJURY OCCUR?	(If in Baltimore City,	give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I att	22. I hereby certify that I attended the deceased from 1-18, 1950 to 5-3-, 1950 that I last saw the				
deceased alive on 5-3-			the causes and on t	he date stated abov	
23a. SIGNATURE	Jozen M.D.	4940, Eastern Av	7enue	5-6-50	
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24cgNAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town		
LOCAL BECIETBAD	s signature	25. FUNERAL DIRECTOR	Dunglo	ADDRESS	
MAIO		maries 1: de	aw-002.	mad une	
VS 150	98	8 V9		133	





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50	4198
BIRTH	NO.

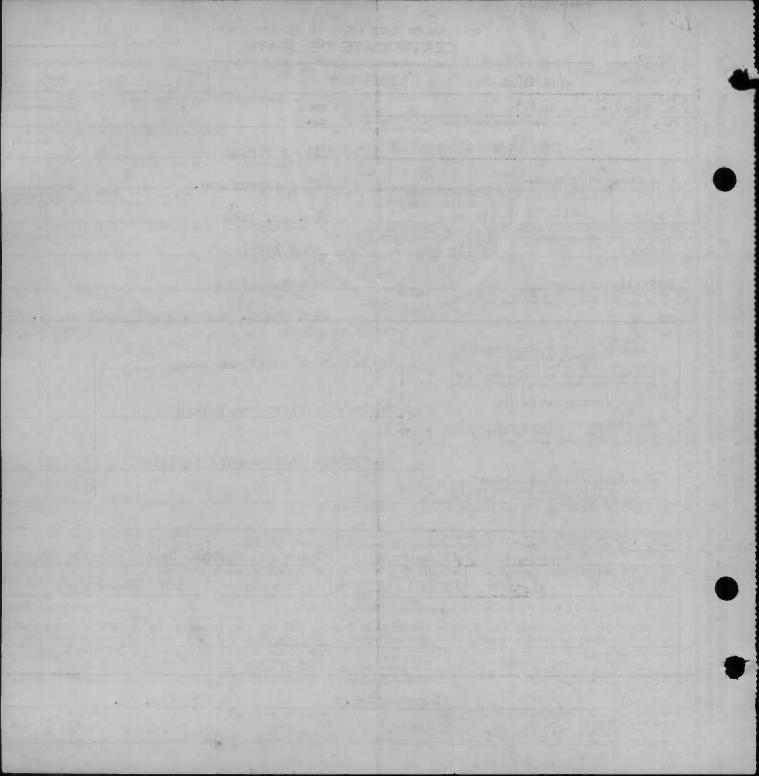
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

4198

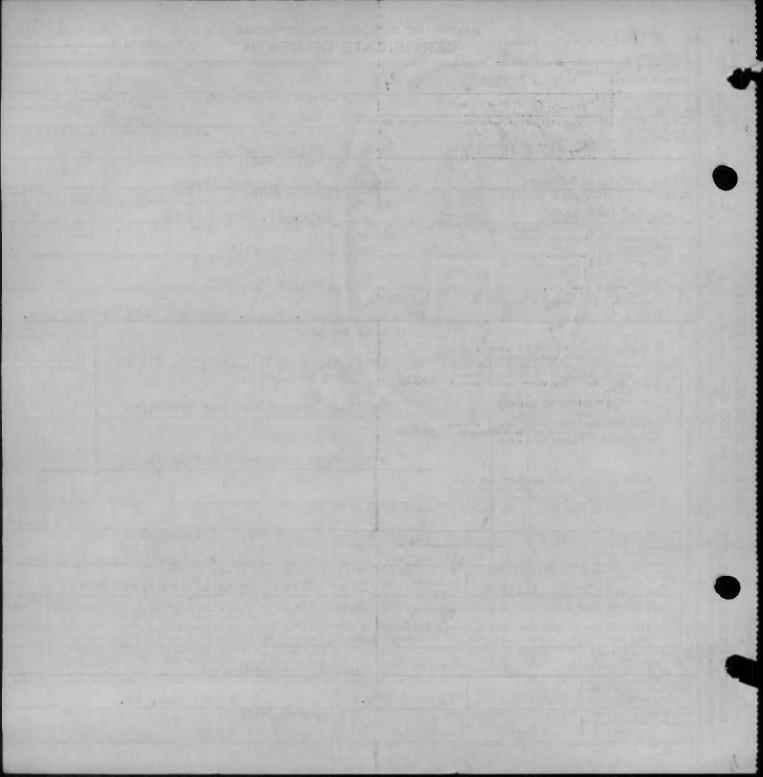
1700

BIRTH NO.		CERTIFICA	TE OF BEATTE	78			
1. NAME OF DECEASED (Type or Print) MADELINE MCFADD			ADDEN	2. DATE OF DEATH	May 6, 1950		
3. PLACE OF I	DEATH: City, Maryland		4. USUAL RESIDENCE ()		If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
40	St. Agnes Ho		Silver Spring o. STREET ADDRESS (If	rural, give location)			
c. Length of	stay in Baltimore	M.	os. 9928 Grayson A	ve.			
5. sex Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe			Months Days Hours Min.		
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	single 108. KIND OF BUSINESS OF INDUST		oreign country)	12. CITIZEN OF WHAT COUNTRY!		
Student 13. FATHER'S	NAME	Public School	Pennsylvania	IAME			
	McFadden		Margaret Lewis				
15. WAS DECEAS	SED EVER IN U. S. ARMED (If yes, give war or dates		17. INFORMANT		ADDRESS		
no 18. \$ /		ne	Mrs. Mae L. An	derson 5537	Oakland Rd. 27		
Z DISEASE	injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Rupture of liver and spleen (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
2	(c) Hemorrhage into pleural cavities						
M TO THE	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
,	OF OPERATION 1	98. MAJOR FINDINGS OF O	PERATION		YES X NO		
	RNAL CAUSE WAS OR CONTRIBUTING DEATH.	Route #1, Har	(djm) wood, Howard	County, Md.			
210. TIME OF INJURY May 5.		WHILE AT NOT WE	Three car on		assenger)		
	May 5, 1950 11:58 P m. WORK Inree car collision (Passenger) 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from						
the er	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \Box , suicide \Box , homicide \Box , undetermined \Box .						
23A. SIGNA		1. Demlaclus	238. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER	23c. DATE SIGNED 5-6-50		
24A. BURIAL. TION, REMOVAL (Removal		24c. NAME OF CEM. Linwood C	ETERY OR CREMATORY 240. L	CELhattan. P	vn, or county) (State)		
DATE RECEIVE	ED BY REGISTRAR'S	signature ton Williams, Mr.	25. FUNERAL DIRECTOR	ener Ilms	ADDRESS MIL		
VS 151	11919		1 0 7700. 15 0 000		1700		



BALTIMORE CITY HEALTH DEPARTMENT

L-5	BIF	0 4199 RTH NO.				EALTH DEPART		Registered N	50 4199
PE		NAME OF DECEA	SED	MYRTLE	G.	LEWIS	2. D	ATE OF May 6	, 1950
(ully supplied. y.	B. F	PLACE OF DEATH Baltimore City, FULL NAME OF OSPITAL OR STITUTION	Maryland		on, give street address location	a. STATE Maryland c. CITY OR TOWN	ENCE (Where do	eceased lived. If in a county Montgome:	nstitution : residence before admission TY , write RURAL and giv township
rull sgroly.		Length of stay i	n Baltimore		Yrs. Mos Day	9928 Gray	ess (If rural, g	18	0.0
uld be			white	widowe	MARRIED, ED, DIVORCED (Special TIOD OF BUSINESS OR	Apr. 17.	1891	59	Under 1 Year M Under 24 Hours Min.
ion shoi clearly	work	done during most of working Housewife FATHER'S NAME			Home		nia		WHAT COUNTRY
BINDING of information should be uses of death clearly and legibly.	15. (Yes.	Jacob Quig	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	Lavina Ev			DDRESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	(This does not heart failure, as injury or comp ANTI DISEASES OR RISE TO THE AI UNDERLYING	CONDITION LA CONDI	TH of dying, e.g., ins the disease caused death. SES F ANY, GIVING STATING THI SST. TIONS CON NOT RELATEL	(a) Frac (b) Mult (c) Hemo	ture of skull and fibulae ciple contusion	l, femorae	e, tibiae	INTERVAL BETWEEN
LY, WITH UI	MEDICAL C	21A. EXTERNAL PRIMARYN OR CO CAUSE OF DEATH MAY 5, 195	CAUSE WAS NTRIBUTING i) (Day) (Year) 0 11:	218. PLAG about home, fa Publ (Hour) 2 8 Pm.	FINDINGS OF OPE CE OF INJURY (e.g., rm, factory, street, office bldg iC—road 1E. INJURY OCCUR HILE AT NOT WHILE AT WORK	RED 21C. WHERE DINJURY OCCU Route #1, 21F. HOW DID	Harwod, 1 Harwod, 1 Harwod	(djm) Howard Co DR7 ion (pass	20. AUTOPSY? YES
PLEASE WRITE PLA	TIO	the evidence and death is 23A. SIGNATURE A. BURIAL. CREMAN. REMOVAL (Specify Removal	e obtained by n my opinion Les / 24B. DATE 5/9/50	said Autopresulted fr	osy, Inspection or om: natural caus	Inquiry, find that es, accident	said decease suicide, he EDICAL EXAMI EDICAL EXAMI ESTIGATOR 24b. LOCATIO	d died on the omicide □, un	ndetermined DATE SIGNED 5-6-50 or county) (State)
PI		TE RECEIVED BY	REGISTRAR'	ton Willi	RE ALLA MUL	25 FUNERAL PIR	I Whener	+ Vens	SATIX MA.



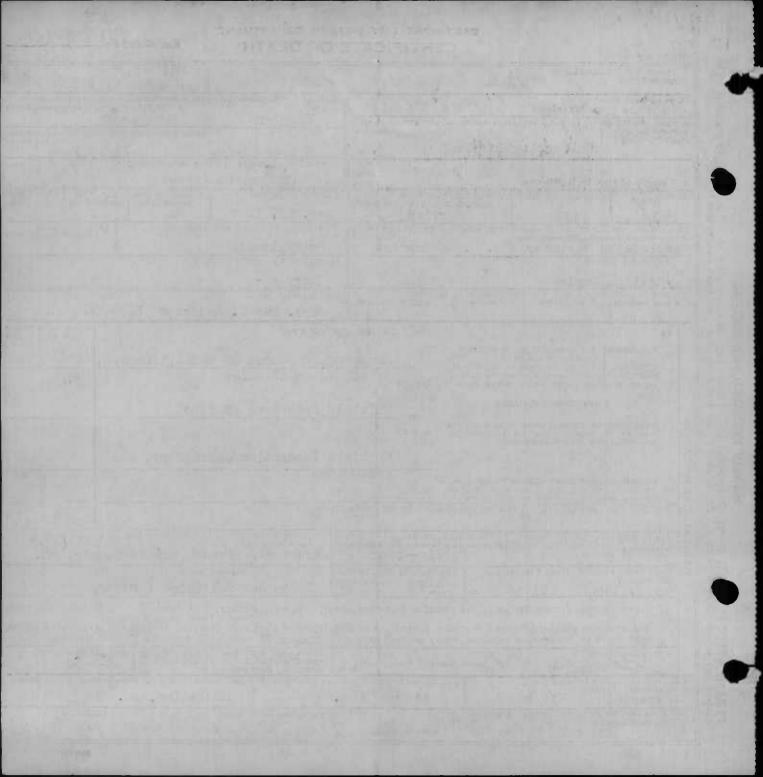
ADDRESS 5537 Oakland Ave NTERVAL BETWEEN ONSET AND DEATH Compound fractures of skull, femorae, Multiple lacerations, abrasions, and 20. AUTOPSY? (If in Baltimore City, give exact location)
rwood, Howard County, Md. Route #1, Harwood, Howard County, Three car collision (driver) Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 24D. LOCATION (City, town, or county) McElhattan, Pa.

before admission)

If Under 24 Hours

WHAT COUNTRY?

12. CITIZEN OF

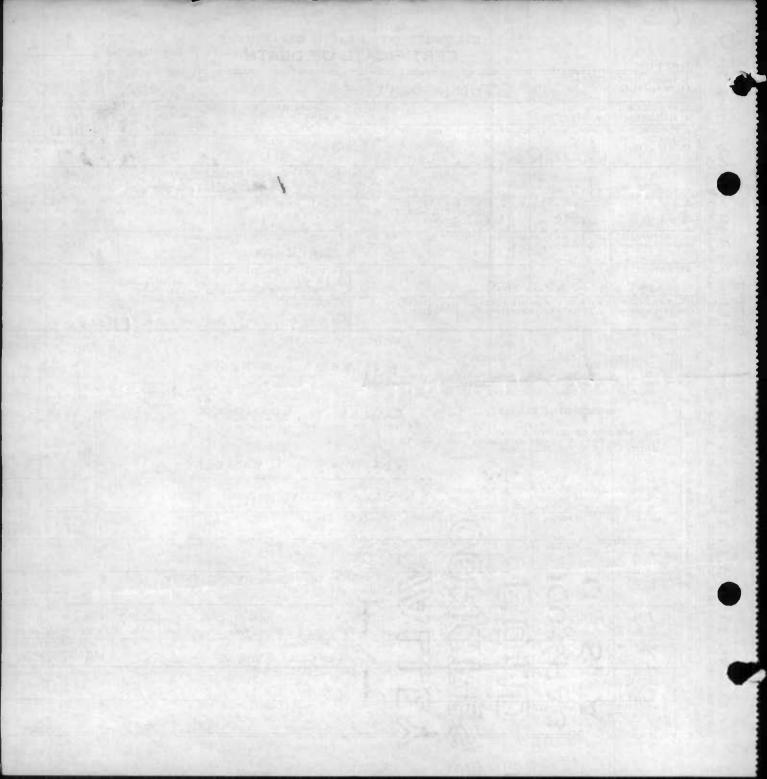


5	365	
he	50 BIRTH 420):

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4201

1. (T)	NAME OF D	ECEASED (STOR	2M KATIE		OF MAY	7 1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Vhere deceased lived. In B. COUNTY	institution; residence before admission)
В. І	FULL NAME		ital or institut	tion, give street address or	1633 C06 P	DALE MAR	CHARKE
	SPITAL OR STITUTION		P>	location)	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give
2	10	BANKLIN '	20 VARE		BULTIMORE		2 D Township)
				Yrs. Mos.		rural, give location)	
		tay in Baltimore		Days		DALE ST	•
5.	SEX	6. COLOR OR RACE	WIDQV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under 1 Year Il Under 24 Hours on the Days Hours Min.
7	Smals	and.	MARR		JONE 14, 1851.	78	
rork	A. USUAL OC dopoduring most	CUPATION (Give kind of working life, even if retired	of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
1/4	House	nife		7	MARY LAND		U
13.	FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	
	JACO				MARY SHREIN	ER HURST.	
15. Yes	WAS DECEASI	ED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
2 00	, oo or anaoown,	(x) yes, give wat of da	ies or service)	SECURITY NO.	FRANK 10 STO	0 44 1/2.	ROSEDALE ET
	18.	L-	120.1	CALISE	OF DEATH	1.1.1.1.001	INTERVAL BETWEEN
		SE OR CONDITION		CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DE	ATH	- WYOC	ARBIAL INFARLT	Non	4 days
	heart failu	ire, asthenia, etc. It mo	ans the diseas	se.			
	injury or	complication which	caused death	h.) DUE TO			
_		ANTECEDENT CAL	ISES	CORON	VARY THROMBOS	218	4 days
O	DISEASE	S OR CONDITIONS.	IF ANY, GIVII	(B)		***************************************	, conto
FI	UNDERLY	THE ABOVE CAUSE (A) STATING T	HE DUE TO			
				CORON	ARY ARTERIOSC	LEGGGIG	hot known
RTIFICA		11		(C)	11 11 10 10 10 3C	PE100 212.	
E E	OTHER S	GIGNIFICANT CONE	DITIONS CO	N. ROXICHA	GNEDMONIA.		
ΰĮ.	TO THE D	ISEASE OR CONDITIO		10,000,000	A MEDINOMICH.	***************************************	
4	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
<u>۷</u> -	214 ACCIDE	NT, SUICIDE,	1 01- 01	ACT OF DIVIDIV	o or 21c. WHERE DID (1	In the part of the	YES NO NO
EDICA	HOMICIDE	(Specify)	aboot home,	ACE OF INJURY (e. g., i farm, factory, street, office hidg.,	etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
Σ.	015 71145	(M41) (D) (N) (TT)				
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	Y OCCUR?	
			m.	WORK AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from MAY	6 , 1950 to M	PH 7 , 195	that I last saw the
	deceased al		1950	and that death occur	rred at \ P.m., from t	he causes and on t	he date stated above.
	23A. SIGNAT	V 11 1 1			3B. ADDRESS		23C. DATE SIGNED
		S. WMS	uanu			HOSPITAL	MAY 7 1950
24 TIQ	A. BURIAL.	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
1:	JURIAL	VMA-1-1	0-50	WESTERN	CEM: 13A	LTHYORE	170
	TE RECEIVE		'S SIGNATIL	JRE	25. FUNERAL DIRECTOR		ADDRESS
	MAY 8 -	1334 milius	ton Mill	Carren M. 10)	Mrs Chas a & Ros	Ede 2327 8	durandsayles
	VS 150	10	9-25-1				0



MARGIN RESERVED FOR BINDING

N. B.

HEALTH	DEPARTM	IENT-CITY	OF	BAL	TIMORE

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5	0 420			CERTIFICAT	TE OF DEATH 442X	
	1. PLACE	OF DEATH			Registered No	••••
	CITY OF	BALTIMORE: (No.	152 S.	Hilton S	St., Ward) (If desther a hospital or give its NA	institution ME instead
	Length of res	sidence in city or town	where death oc	curredyrs	of street andmosds. How long in b S. If of foreign birth?yrs	mosds
	2. FULL	NAME Ma	riah V.	Slacum	1	
	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SHARE THE PERSON NAMED IN COLUMN TWO IN C	sidence: No. 1		ilton St	St.,Ward	and Chata)
	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
tificate	3. sex female	4. Color or Race White	5. Single, M or Divorced (arried, Widowed, write the word)	21. DATE OF DEATH (month, day, year) my 6 22. I HEREBY CERTIFY, That I attended dec	. 1957
cer		widowed, or divorced			my/ 1050 to my 6	1950
Jo 1	HUSBAN (or) WIF				I last say her alive on may 5 1950	Death is said
acl	6. DATE OF F	BIRTH (month. day, year	June 3	0.1862	to have occurred on the date stated above, at 40m.	
no si	7. AGE 87	Years Months	Days 5	If LESS than 1 day,hrs. ormln.	The principal cause of death and related causes of Importance were as follows:	Date of onse
See instruction	kind o sawyer 9. Industry work y saw m 10. Date dec this oc	rofession, or particular f work done, as spinner, to bookkeeper, etc	11. Total tl	000000000000000000000000000000000000000	Other contributory causes of Importance:	***************************************
ant.	12. BIRTHPLA	CE (city or town)Do	roheste:	r Co., Md	· diser	1949
important	H 13. NAME	Thomas B			Name of operation. Date of	
very	14. BIRTH	PLACE (city or town)	Md		What test confirmed diagnosis?Was there an auto	
is ve	15. MAIDE	NNAME Mary J.	Wheeler	r	23. If death was due to external causes (violence) fill in iowing: Accident, suicide, or homicide?	
ION I	15. MAIDEN NAME Mary J. Wheeler 16. BIRTHPLACE (city or town) Md. (State or country)				Where did injury occur?(Specify city or town, county, Specify whether Injury occurred in industry, in home,	
UPAT	17. INFORMANT George S. Tyle r (Address) 152 S. Hilton St.				piace	•••••
5	18. BURIAL,				Manner of Injury	
9	Place	cremation or remo een Lawn brokester Co	Dalid ME	y 9,19,50		
	19. UNDERTA (Address	KER Howard H	. Hubbar	rd	24. Was disease or injury in any way related to occupation	
5.3	20. MICHO 8 - 1950 - 16; for Williams M.S.				(Signed) Who How the	м. р

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

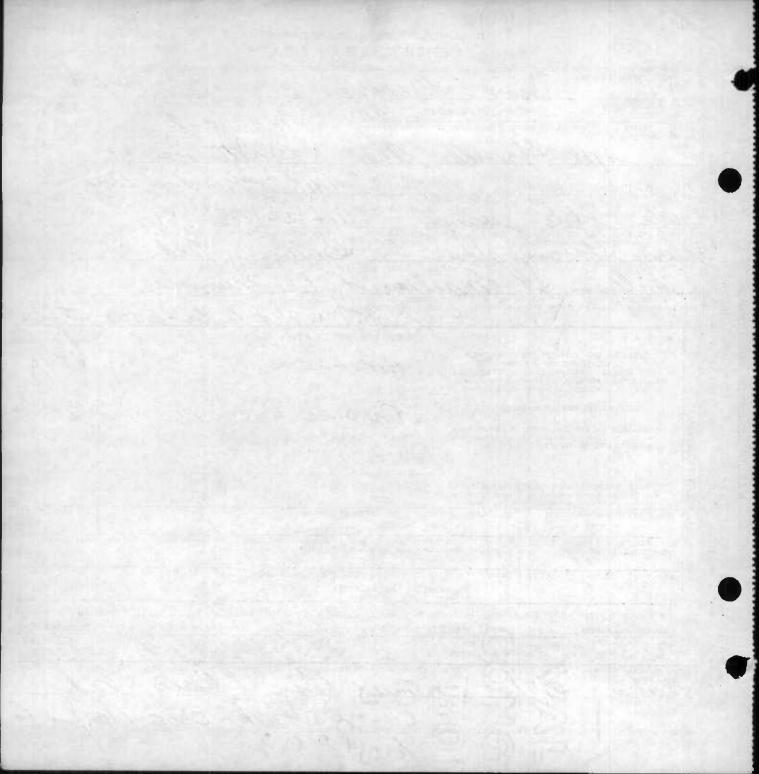
Examples:

Example I		Example II	
The principal cause of death and relate causes of importance were as follows:		The principal cause of death and relate causes of importance were as follows:	d Date of onse
Arterioselerosis	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street ear	1 week ag
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age
Other contributory causes of importance:	May 1 1923	Other contributory causes of importance:	1 year
		-	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	THE RESERVE OF THE PARTY OF THE
C *	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GRKLE fully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland PALT A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STRE Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months; Days Hours: Min. 6 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work down during most of working life, even if retired) ACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (If yer, give war or dates of service) Jo INTERV 18. CAUSE OF DEATH AND DEATH DISEASE OR CONDITION DIRECTLY (A) HYPERTENSION 940 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES CARDIAC DECOMPENSATION INK. DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: UNDERLYING CONDITION LAST. (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. DIC 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT WORK 194 6 to 195 Chat I last saw the 22. I hereby certify that I attended the deceased from_ RITE 1950 and that death occurred at_ m., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 12 61 (City, town, or county) DATE RECEIVED BY RECISTRAR'S SIGNATURE LOCAL REGISTRAR



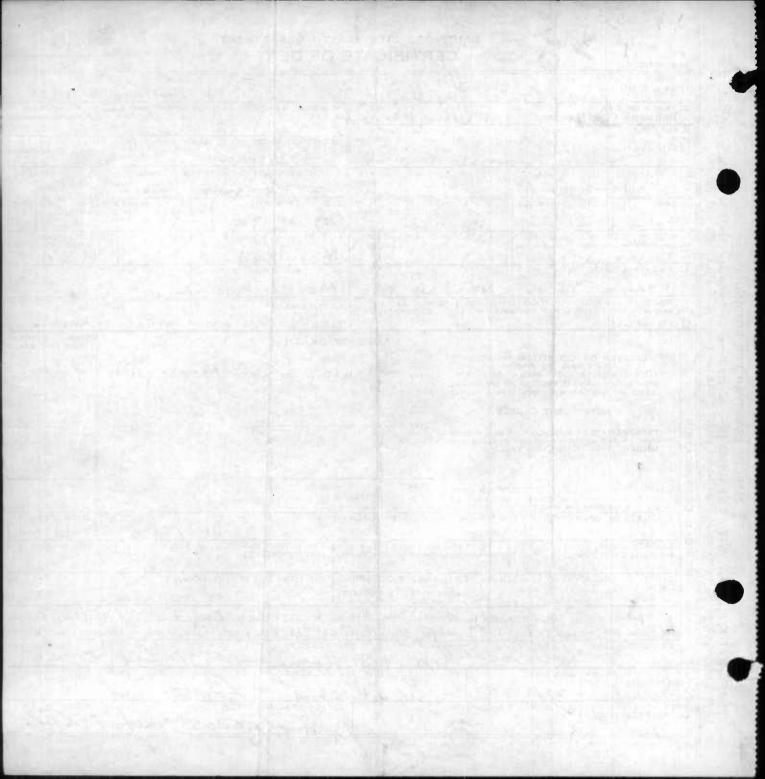
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BIRTH 1	١٥.		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4204 Registered No.

ВП	RTH NO.		OLKIII IOAII	L OI DEATH			
	NAME OF DECEASED pe or Print)				2. DATE		
	Frank 1.	eter 1	Veiman ;	Jr.	DEATH May	7 1950	
	PLACE OF DEATH:	Baltin		4. USUAL RESIDENCE	(Where deceased lived, If Ins	stitution: residence before admission)	
B. I	TULL NAME OF (If not in hospi		tion, give street address or	Maryland		Derore Gamana,	
HC	SPITAL OR		location)	C. CITY OR TOWN	If outside corporate limits, v		
0.00	4 Union Ma	Leivel	Hospital	Baltimor	ve 9-1	township)	
			Yrs.	o. STREET ADDRESS (
c.	Length of stay in Baltimore		Mos. Days	2513 Ro	bb Street		
	SEX 6. COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify)		19 AGE (In years) Hilm	der 1 Year If Under 24 Hours	
1	hale White			Oct. 30 1922	last birthday) Month	hs Days Hours Min.	
10	. USUAL OCCUPATION (Give kind n	f 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 17	2. CITIZEN OF	
work	done during must of working life, even if retired)	INDUSTRY			WHAT COUNTRY?	
13.	FATHER'S NAME			Maryland 14. MOTHER'S MAIDEN	NIANE	U.S.A.	
	1 7 1	1 4 2		4.	NAME	V	
15	trank Pater		man		oman		
(Yes	WAS DECEASED EVER IN U. S. ARME no or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	` ^	PRESS	
U	nenown			Leona Weim	ian - wife -	Same	
	18. 057.0		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION	DIRECTLY				- /	
	LEADING TO DEA (This does not mean the mode	of dying, e. ;	g., (A) M.e.)	ningococcus	Menineilis	52 hrs	
	heart failure, asthenia, etc. It me injury or complication which	ans the diseas	se.				
Z	ANTECEDENT CAU	SES	(B)				
RTIFICATION	DISEASES OR CONDITIONS.		NG			***************************************	
A	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	AST.	HE OUE TO			THE REPORT	
F	11		(C)				
FR	OTHER SIGNIFICANT CONE						
Ū	TO THE DISEASE OR CONDITIO	N CAUSING	IT		***************************************		
1	19A. DATE OF OPERATION	198, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
O.	21a. ACCIDENT, SUICIDE.	1 21n DI	ACE OF INJURY (e. g., in	n or 21c, WHERE DID	(If in Baltimore City, give	YES NO	
EDICA	HOMICIDE (Specify)		farm, factory, street, nffice bldg., e		(II in Datemore City, give	e exact location)	
Σ							
	210. TIME (Month) (Day) (Year OF INJURY		21E. INJURY OCCURR		RY OCCUR?		
		m.	WHILE AT NOT WHILE				
	22. I hereby certify that I attended the deceased from May 6 , 1950, to May 7 , 1950, that I last saw the						
	deceased alive on May 7, 1950, and that death occurred at 8:50 Pm., from the causes and on the date stated above.						
	23A. SIGNATURE	1/1/		3B. ADDRESS		23c. PATE GIGNED	
	Charles,	N. W.	W, h, M.D.	Unin memor	and Horpeton	5/7/50	
24	BURIAL, CREMA- 24B. DATE	4	24C, NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City town, or	county) (State)	
V	Duren 6/101	150	Tholes (No	some. Z	Into me	1	
	TE RECEIVED BY REGISTRAR	'S SIGNATE	JRE	25. PHNERAL DIRECTOR	R / 1 A	ADDRESS /	
LC	CAL REGISTRAR			Luck - 50	305 Harton	of Your.	
	80 8 133		Tradica Warings	Janear 2 Oc	7.1.4		
1	AVS 150	worder!	LANCONO LUCA	0		/.	

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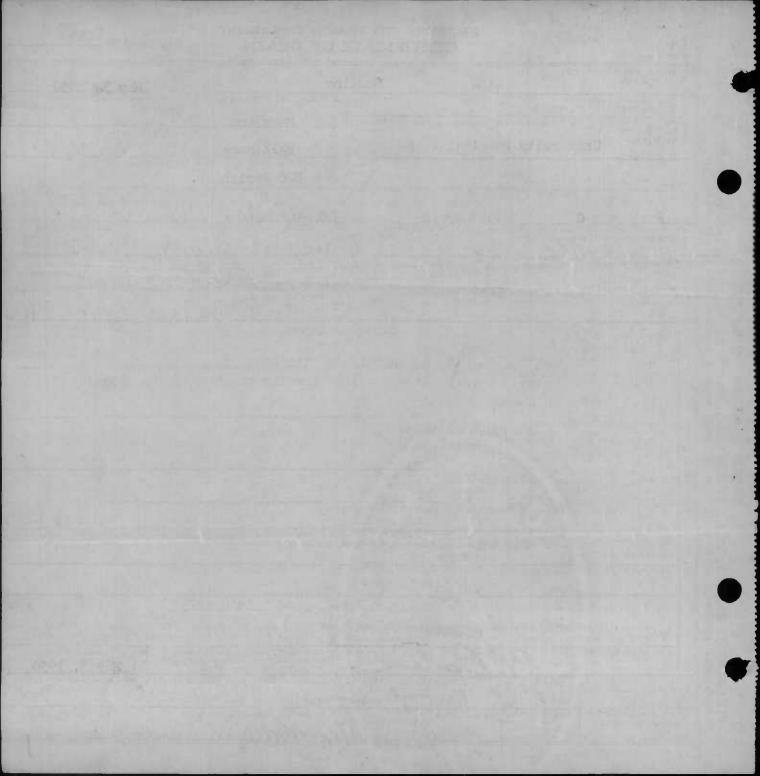


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BALTIMORE CITY HEALTH DEPARTMENT

1205 EO

	ATE OF DEATH Registered No. 1/4/V
BIRTH NO 1. NAME OF DECEASED	2. DATE
	cCaine DEATH May 3, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street addr HOSPITAL OR local	ess or Maryland (tion) C. CITY OR TOWN (If outside corporate limits, write RURAL and g
University Hospital	Baltimore 16-0 2 townsh
	Yrs. D. STREET ADDRESS (If rural, give location)
	Mos. Barish St.
5. SEX 6 COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (S	8. DATE OF BIRTH 9. AGE (In years Winder ! Your If Under 24 Ho
F C // CFF G	OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working Illamoren if retired) HOUSEWITE	Rich Mond Co. N.C. U.S.Z.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS OF L
Yes, no of unknown) (If yos, give war or dates of service) SECURITY	Banks MCCaine Parnish
18. 4/5/.X. CAL	SE OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY	
(Zimi doco atob menta and anodo na ->	ured sortic aneurysm
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO AT	teriosclerotic cardiovascular disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20 AUTOPSY
21a. EXTERNAL CAUSE WAS 21b. FLACE OF INJURY	(e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH.	ebligetc.) INJURY OCCUR?
M ≥ 215. TIME (Month) (Day) (Year) (Hour) 215. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
	WHILE
22. I certify that I took charge of the remains descri	bed above, held an Autopsy thereon and fr
the evidence obtained by said Autonsy Inspection	or Inquiry, find that said deceased died on the day stated abo
and death in my opinion resulted from: natural c	auses \mathbf{x} , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CE	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (Stat
TION, REMOVAL (Specify) Man & 1950 Mt. An	burn Baltimore, ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 32.2
LOCAL REGISTRAR	Mrs. Kertin K Williams School
VS 151 mutivator Williams	20)
V3 131	200



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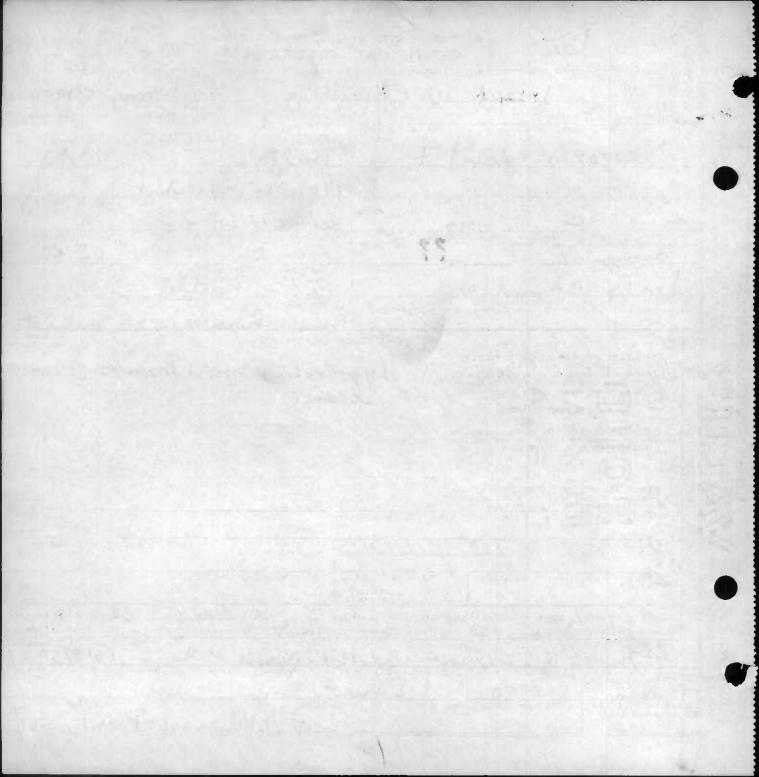
	50 4206 BIRTH NO.	BALTIMORE CITY HE		Registered No.	4206
	1. NAME OF DECEASED (Type or Print)	JOHNSON	/	2. DATE OF DEATH ///	4V 5/50
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		titution: residence before admission)
	B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION 427 M	ost # FR ST	C. CITY OR TOWN (III	outside corporate limits, v	vrite RURAL and give
	c. Length of stay in Baltimore	25 Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) O J H F R	ST
- 11	FEMALE COLORED	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years ff Und Month 7 5	Bays Hours Min.
		108. KIND OF BUSINESS OR INDUSTRY HOUSE WORK	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
	JOHN HEND		14. MOTHER'S MAIDEN NA	0 0	66
0	15. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT CARRIE J		RESS 7 NOSHER
2	DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which car ANTECEDENT CAUSE	OIRECTLY H dying, e. g., s the disease, sused death.) DUE TO	DIO YASCULA RE BRAL H		
ACITA CIBITO	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	STATING THE DUE TO			
	TRIBUTING TO THE DEATH, BUT N	NOT RELATED			
140		B. MAJOR FINDINGS OF OPER	ATION		YES NO
0	HOMICIDE (Specify)	218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., et		If in Baltimore City, give	exact location)
M	21D. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attendeceased alive on NAYS, 23A. SIGNATURE	nded the deceased from OC, 1950, and that death occur	y /1 , 19 4, to / red at 16 m., from t. 38. ADDRESS	//m	hat I last saw the date stated above.
	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) May 9.	1950 24C. NAME OF CEMETER		Selvoro M	14
	DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25 FUNERAL DIRECTOR	n 1303 Prose	DORESS V

23C. DATE SIGNED (State) n, or county) ADDRESS

Section.

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	fully	groly.
DATE	IY, WITH UNFADING INK. Every item of information should be	Ilv important. Physicians: please write the causes of death clearly and legiony.
MANGIN MASSIVED FOR DINDING	Every item of inf	write the causes of
I TOTAL	INK.	olease
MARKEIN	UNFADING	Physicians:
	WITH.	ortant.
	Y.	Ilv imp

G-534 50 4207		EALTH DEPARTMENT	50 Registered N	4207
BIRTH NO. 1. NAME OF DECEASED	CERTIFICATI	E OF DEATH	2. DATE	
(Type or Print)	ah W. Char	nollon	DEATH MOU	5 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE () A. STATE		
B. FULL NAME OF (If not in hospital HOSPITAL OR	or institution, give street address or location)		outside corporate limits	write RURAL and
INSTITUTION 1707 M. T	to truson	Balto	15	town
	Yrs. Mos.	D. STREET ADDRESS (If	- + 1	
c. Length of stay in Baltimore 5. SEX [6. COLOR OR RACE]	7. SINGLE, MARRIED.	8. DATE OF BIRTH		Under 1 Year If Under 24
m c	WIDOWED, DIVORCED (Specify)	July 2 1881		nths Days Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUN
more 1480 1261	- 1	md		U.S. F.
13 FATHER'S NAME	10	14. MOTHER'S MAIDEN N	AME	
Seals Cham	dler	Eliza 13	uttler	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AI AI	DDRESS
		Bersie Chance	Mer 17077	mount o
18. 443 X		OF DEATH		INTERVAL BET
DISEASE OR CONDITION D	IRECTLY	4 40		1
(This does not mean the mode of	dying, e.g., (A)	sotton en Care	dis vasoul	ar 6 mo
heart failure, asthenia, etc. It mean injury or complication which ca	s the disease, used death.) DUE TO	settensil Care		
ANTECEDENT CAUSE		senge		
	(B)	••••••		
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	STATING THE DUE TO			
II	(C)			
C OTHER SIGNIFICANT CONDIT				
TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION		***************************************		
01	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPS
21A. ACCIDENT, SUICIDE.	21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, a	YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,		21 111 20111111010 0103, 8	,rre endor rocupion,
E 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
	m. WORK AT WORK	115 110 1	10 10	
22. I hereby certify that I atte	nded the deceased from Va	13, 1950, to M		, that I last sar
deceased alive on May 5	1950, and that death occur		the causes and on th	e date stated a
23A. SIGNATURE	P 0/2 1	1543 Plana	9.0	578740
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE		OCATION (City, town,	7 0 2
TION, REMOVAL (Specify)	1 1 - 0	A CLANE TO THE	_ 0	
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	20. FUNERAL PIRECTOR	mel	ADDRESS
LOCAL REGISTRAR	1 1/(1)	71.4-0 5 1/1	= 12 12 P	aut
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A) VS 150	5 - GF1GG			925
	700/7			139

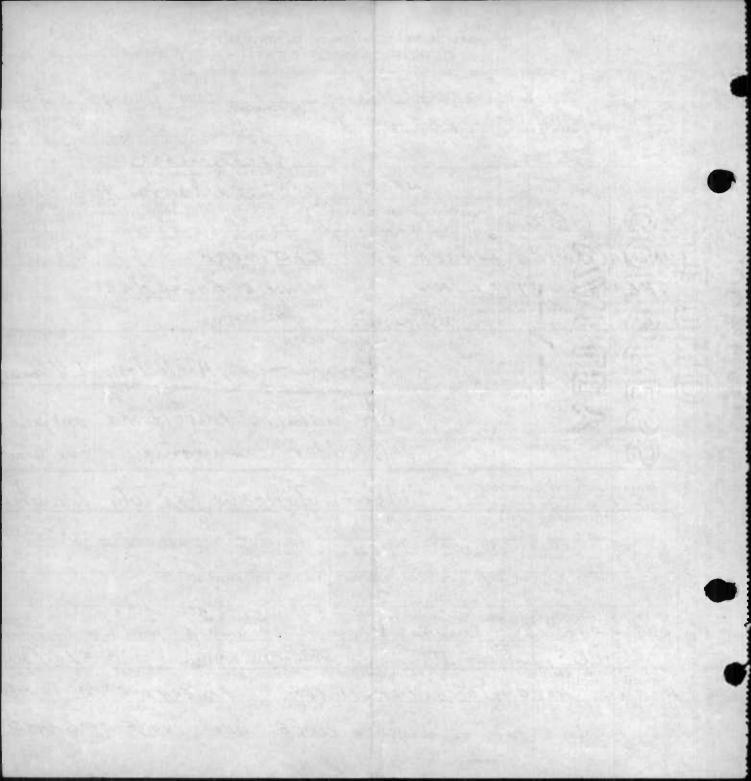


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	CAS	ect
	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be fully supplied	correct age is especial, important. Physicians: please write the causes of death clearly and legisly.

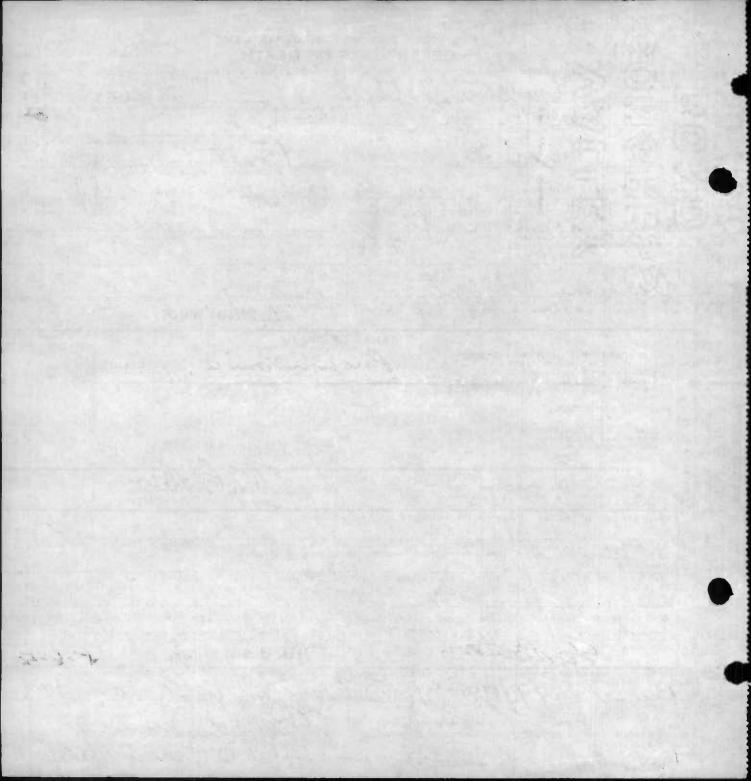
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	50	4208	ВА	LTIMORE CITY HE	EALTH DEPARTMENT		
В	IRTH NO.	-11-200		CERTIFICAT	E OF DEATH	Registered N	То
	NAME OF D		eorgia	B. Johnson	311111111111111111111111111111111111111	2. DATE OF DEATH	5/50
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where dcceased lived. If	
В.	FULL NAME		tal or institu	tion, give street address or	II .	B. COUNTY	before admission)
11	OSPITAL OR	1920 E. Prat	t St.	location)	C. CITY OR TOWN	If outside corporate limits	s, write RURAL and give
1	(10)				Baltimore	3000 (township)
		tay in Baltimore		Yrs. Mos. Days	o. street address (1		
5	F	6. COLOR OR RACE	MIDOA	E. MARRIED. VED, DIVORCED (Specify) Pried	8. DATE OF BIRTH 3/20/1881	9. AGE (In years Mo	Under I Year If Under 24 Hours nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kied of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
wor	Housewi	of working life, even if retired.		INDUSTRY	Kentucky		WHAT COUNTRY?
13	3. FATHER'S	NAME	Rhoades		14. MOTHER'S MAIDEN N	NAME	001
15	S. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL			
(Ye	s, no or uoknowo)	(If yes, give war or date	es of service)	SECURITY NO.	Joseph Johnson		tt St. Balto.
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ONSET AND DE 2 Oblast ANTECEDENT CAUSES						INTERVAL BETWEEN ONSET AND DEATH
CERT	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED			
	19A. DATE C	F OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	01: 100	<u> </u>	1 215 51	ACE OF INTURY /	1 21c WHERE DIR	(16 in Dalain C'A	YES NO
MEDI	LYING OF		about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, g	ive exact location)
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURRI		Y OCCUR?	
			m.	WORK AT WORK			
	22. I hereby certify that I attended the deceased from may 2 th, 1900, to may 6 th, 1950, that I last saw the deceased alive on my 6 th, 1950, and that death occurred at 1230 Pm., from the causes and on the date stated above.						
	23A. SIGNA	army of w	ank	2	3B. ADDRESS	~ ~	23c, DATE SIGNED
2. TI	4A. BURIAL. (S ON, REMOVAL (S Burial	Specify) 5/11/		24c. NAME OF CEMETE Moreland Park		OCATION (City, town,	or county) (State) Maryland
D	ATE RECEIVE	D BY REGISTRAR	SSIGNATA	持 事。	25. FUNERAL DIRECTOR		ADDRESS
-	ANY Q - 1	50 Timber	igtor //	Miante, Mile	Lilly & Zeiler,		
1	11AVS 950	The state of the s		4	delly + Lee	lee The. R.	mw. 83a

Dr. TANKIN DE. LAMICION PUE.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 3. PLACE OF DEATH: (Where deceased lived. If Institution: residence USUAL RESIDENCE A. Baltimore City, Maryland . STATE B. COUNTY Sefore admission) B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. WIFE c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH H Under T Year If Under 24 Hours 9. AGE (In years) WLDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 11-22-91 Marri 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle LUMBER SAWYER U.S.A BALTIMORE 00 13. FATHER'S NAME IRLING CHARLES ENGLE HART. MINNIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) SECURITY NO. 215-10-1167 No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ou, Aleleclasis heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Metastatic egreinomo DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: Bladder caroun RTI 11 OTHER SIGNIFICANT CONDITIONS CON-0-CULANEOUS Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION mportant 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 4-2-19.50 to . 19 Pthat I last saw the deceased alive on 5 - 6 - 19 20. and that death occurred at 2 2 m., from the causes and on the date stated above WRITE e is es 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL EASIERN AVE OAK LAWN CEM DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR BROS 1800 ELOMBARD SI

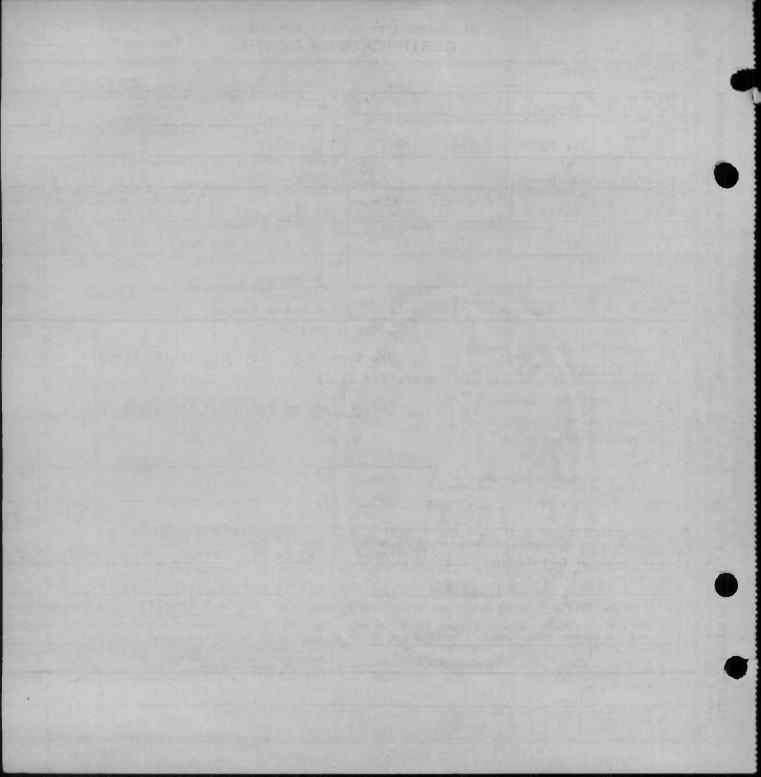


The	BI	Med Exames Case Released BALTIMORE CITY HE RTH NO. 10-66224 CERTIFICATI		4210
		NAME OF DECEASED & artton Colbert	2. DATE OF DEATH WAY	6.1950
supplied.	Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)
fully suly.	H	FULL NAME OF (If not in hospital or institution, give street address or Jocation) STITUTION JOINT ROPKINS MUSPILL	C. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give township)
O Para	-	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	7
should be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years Il Under last birthday) Months	Year Under 24 Hours Days Hours Min.
n shou		A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
information s of death cle		Carlton Colbert	14. MOTHER'S MAIDEN NAME	V
K BINDI em of info causes of	15 (Yes	WAS DECEASED EVER IN U, S. ARMED FORCES? a, oo or uokoowo) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOPKINS MUSPITAL ADDR	ESS
KESEKVED FO FINK. Every ite please write the	FICATION		CERTIFICATION APPROVED BY	ONSET AND DEATH
MAKGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CHIEF OR ASST. MEDICAL EXAMINER.	
н	AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
LY, WITH	MEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e		exact location)
andin		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY MHILE AT NOT WHILE M. WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?	
WRITE PI e is especi		22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur 23A. SIGNATURE 22.	red atm., from the eauses and on the d	at I last saw the ate stated above. 3c. DATE SIGNED
PLEASE W	200	AA. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEME	NY OR CREMATORY 24D. LOCATION (City, town, or c	ounty) (State)
	0	To be approve by wed . E you	1419 8. Preston	5/107



May 6, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) Unknown (If outside corporate limits, write RURAL and give township) (If rural, give location) If Under 1 Year last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH Fracture of pelvis, jaw, facial bones (B) Lacerations of scalp and abdominal wall 20. AUTOPSY? NO X (If in Baltimore City, give exact location) 300 Route #1, Harwood, Howard County, Md. Three car collision (driver) thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident B, suicide , homicide , undetermined . 240. LOCATION (City, town, or county) ADORESS MINERE VS 151

SAL



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED (Type or Print) CARL E. MOLINE fully supplied. 3. PLACE OF DEATH: A. Baltimore City, Maryland STATE B. FULL NAME OF HOSPITAL OR Michigan (If not in hospital or institution, give street address or location) C. CITY OR TOWN INSTITUTION University Hospital Detroit D. STREET ADDRESS (If rural, give location) information should be fu Yrs. Mos. 1488 E. Jefferson Avenue c. Length of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Aug. 1, 1930 single male white 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Air Force Michigan Cpl14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Carl E. Moline (dim Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO of CAUSE OF DEATH item FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull, right tibia and fibula (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) XXXXXXX ANTECEDENT CAUSES Multiple abrasions and contusions INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RXXXXX UNFADING Physicians: p MARGIN CHemorrhage from mouth, ears, and nose 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH CAI 21A. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING
CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? EDI Public - Road 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED May 5. 11:58 P WORK AT WORK WRITE PL 22. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . IS 238. CHIEF MEDICAL EXAMINER.... X
ASSISTANT MEDICAL EXAMINER.... X
MEDICAL INVESTIGATOR...... 23A. SIGNATURE age M.D. PLEASE 24A. BURIAL, CREMA-TION. PEMOVA (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B DATE

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

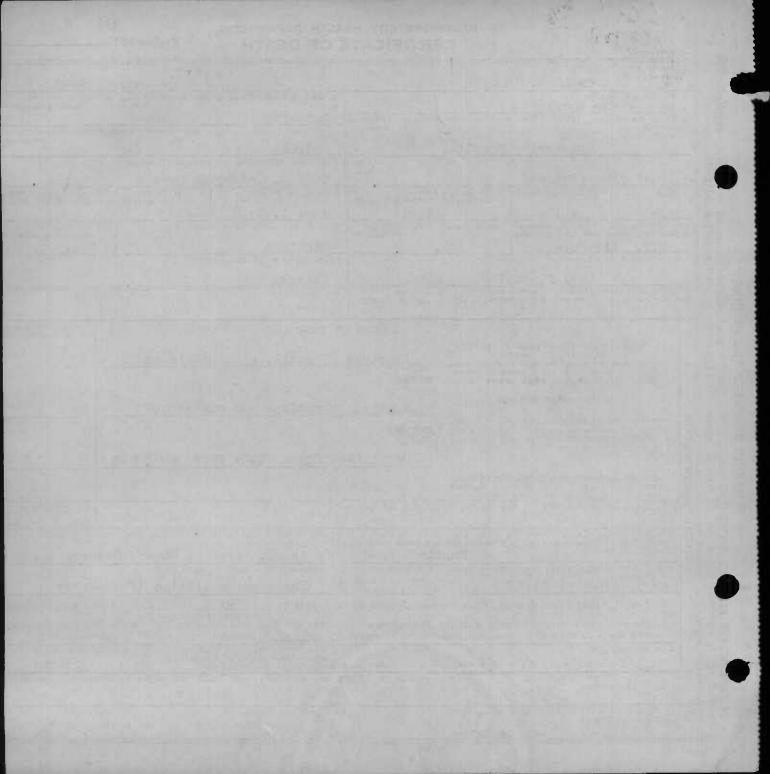
LOCAL REGISTRAR

VS 151

2. DATE May 6. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) Unknown (If outside corporate limits, write RURAL and give townshlp) 9. AGE (In years | Munder | Year | Munder 24 Hours | Iast birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) 300 Route #1, Harwood, Howard County, Three car collision (Passenger) Insp. & Inquiry _ thereon and from Autopsy, Inspection or Inquiry 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS 25. FUNERAL DIRECTOR USAP[M&C]

4212

Registered No.

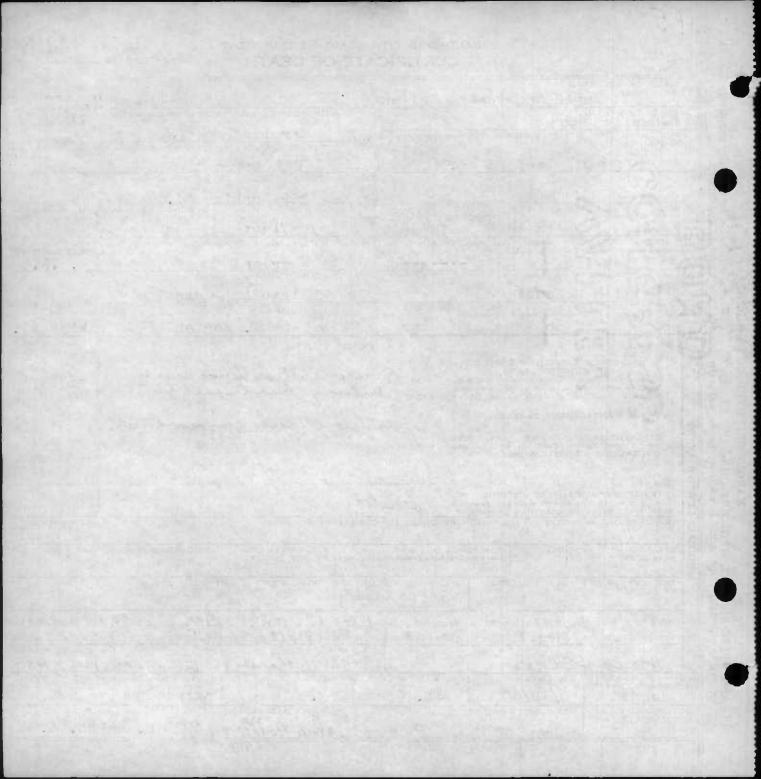


MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

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Registered		X14-C	

1.	. N	H NO.	ECEASED	CERTIFICAT	E OF DEATH	Registered	1100
		e or Print)		oinette Cullen		OF DEATH M8	y 8,1950
		altimore C	EATH: Sity, Maryland		4. USUAL RESIDENCE (\ A. STATE	B. COUNTY	f institution : residence before admission
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			The state of the s	outside corporate lim	its, write RUKAL and give	
	6028 Old Harford Rd.			Baltimore,		township	
U	Yrs. Mos,			D. STREET ADDRESS (If	rural, give location)	dack.	
11	. Le		tay in Baltimore	Life Days	509 Dunkir	Pd.	If Under 1 Year If Under 24 Hours
	म	emale	White	WIDOWED, DIVORCED (Specify Widowed	8/23/1871		Ionths Days Hours Min.
1C	DA.	USUAL OC		108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
		Y T	ewife		Maryland		U.S.A.
10	э, г		am McKenzi		14. MOTHER'S MAIDEN N		
15	5. W	VAS DECEASE	D EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL	Elizabeth 17. INFORMANT		ADDRESS
(16	n	_	no	se of service) SECURITY NO.	Mrs Mary C. Po		Dunkirk Rd.
	18	8. 42 "	21/	CAUSE	OF DEATH		INTERVAL BETWEEN
			E OR CONDITION LEADING TO DEA	DIRECTLY A. m.	ila F hill t	المعادية والمشارة	14:030
		heart failu	not mean the mode re, asthenia, etc. It mes	of dying, e.g., (A) WWW	Livio Troulan	on course	07746.30
1		injury or	complication which	caused death.) DUE TO	emony contoles	in Chighe.	upril.30
			complication which	caused death.) DUE TO	emory combolis	m Chighe.	1
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ATION		DISEASES	ANTECEDENT CAU	STATING THE DUE TO	risselerssis - m	goearditis	
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DICAL CE	2 H 2 O	OTHER S TRIBUTING TO THE D 9A. DATE O 1A. ACCIDE OMICIDE 1D. TIME (F INJURY) 12. I hereby leceased al 3A. SIGNAT	ANTECEDENT CAUSE S OR CONDITIONS, HE ABOVE CAUSE (A) HE ABOVE CAUSE (A) III IIGNIFICANT CONDITION LIBERS OR CONDITION F OPERATION INT. SUICIDE, (Specify) Month) (Day) (Year, I) Certify that I at ive on May 7.	ITIONS CON- NOT RELATED CAUSING IT. ISB. MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF M. WHILE AT NOT WHILE MORK tended the deceased from 1950. and that death occur	RATION in or 21c, WHERE DID (,etc.) INJURY OCCUR? RED 21f. HOW DID INJURE The dat 9:48 fm., from to 23 b. ADDRESS	If in Baltimore City, Y OCCUR? May 7 , 195 the causes and on	20. AUTOPSY? YES NO give exact location) 50, that I last saw the date stated above 23c. DATE SIGNED
MEDICAL CE	2 H 2 O 2 d 2	OTHER S TRIBUTING TO THE D 9A. DATE O 1A. ACCIDE ID. TIME (F INJURY) 12. I hereby 14. ACCIDE 15. TIME (16.	ANTECEDENT CAUSE (A) S OR CONDITIONS, HE ABOVE CAUSE (A) HE ABOVE CAUSE (A) HI SIGNIFICANT CONDITION L. GOVERNMENT CONDITION CONTINUES OF CONDITION CONTINUES OF CONDITION CONTINUES OF CON	ITIONS CON- NOT RELATED NOT WHILE AT NOT WHILE MORK TENDED AND THE AT WORK TO SELECTION TO THE AT WOR	RATION in or 21c. WHERE DID (,etc.) INJURY OCCUR? RED 21f. HOW DID INJUR The control of the c	If in Baltimore City, Y OCCUR? May 7 , 195 the causes and on	20. AUTOPSY? YES NO give exact location) 50, that I last saw the date stated above 23c. DATE SIGNED May 8, 1950
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BALTIMORE CITY HEALTH DEPARTMENT

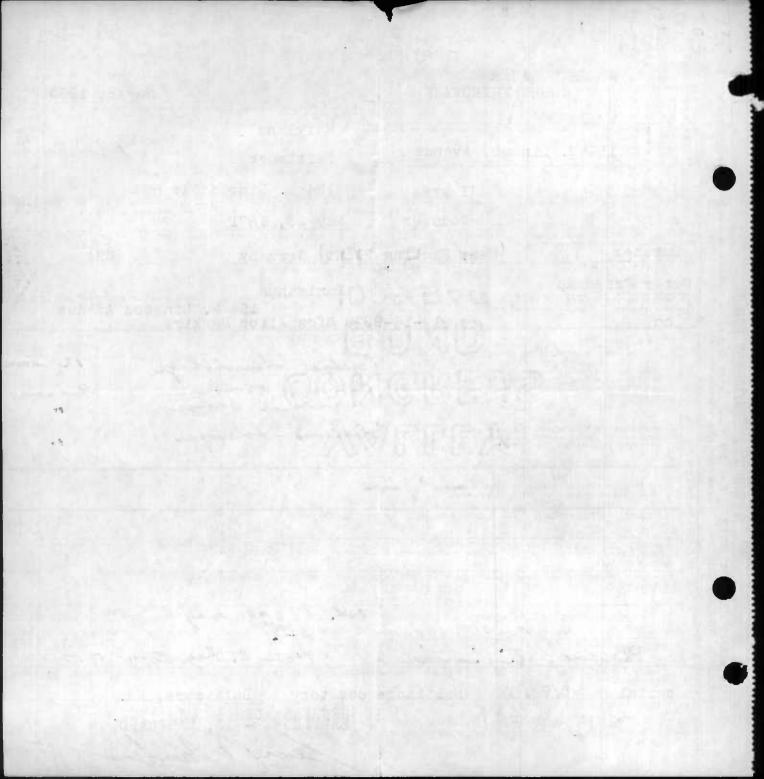
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No)
I. NAME OF DECEASED AC	iam FRIEDMANN		2. DATE OF May 5	, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE ()		stitution : residence before admission
B. FULL NAME OF (If not in hospinospiral or INSTITUTION 154 N. Ling		c. CITY OR TOWN (II	f outside corporate limits,	write RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Days	154 N. Linwoo		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May 23, 1871	9. AGE (In years last birthday) Mont	nder I Year the Days Hours Min
10A. USUAL OCCUPATION (Give kind o work done during most of working life, even if retired Butcher 13. FATHER'S NAME	Meat Packing Plant	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY
Peter Friedman	The Later Da	Kunigunda ?		
15. WAS DECEASED EVER IN U. S. ARME (Yee, no or unknown) (If yee, give war or dat	es of service) SECURITY NO.	9 Miss Alice No	V. Linwood^A	Venue
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) SES (B) STATING THE DUE TO	of DEATH ebral Hemos young 5: ses young ba	obaje mge	12 hours
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in ot 21C. WHERE DID (otc.) INJURY OCCUR?	If in Baltimore City, giv	ve exact location)
ZID. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		Y OCCUR?	
22. I hereby certify that I at			nay 5, 1957	that I last saw th
deceased alive on may 5 23A. SIGNATURE This libert and		rred at 3 50 m., from t 238. ADDRESS 2942 E.	Layette L.	date stated above
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, o	r county) (State)
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	50 Baltimore ce	emetery Balt PENRY SANDER & BALTIMORE - 13	SONS INC.	ADDRESS

VS 150

BALTIMORE = 13, MARYLAND

LY, WITH UNFADING INK. Every item of information should be fully supplied. Important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PL. correct age is especially



correct

VS 150

before admission)

It Under 1 Year

12. CITIZEN OF

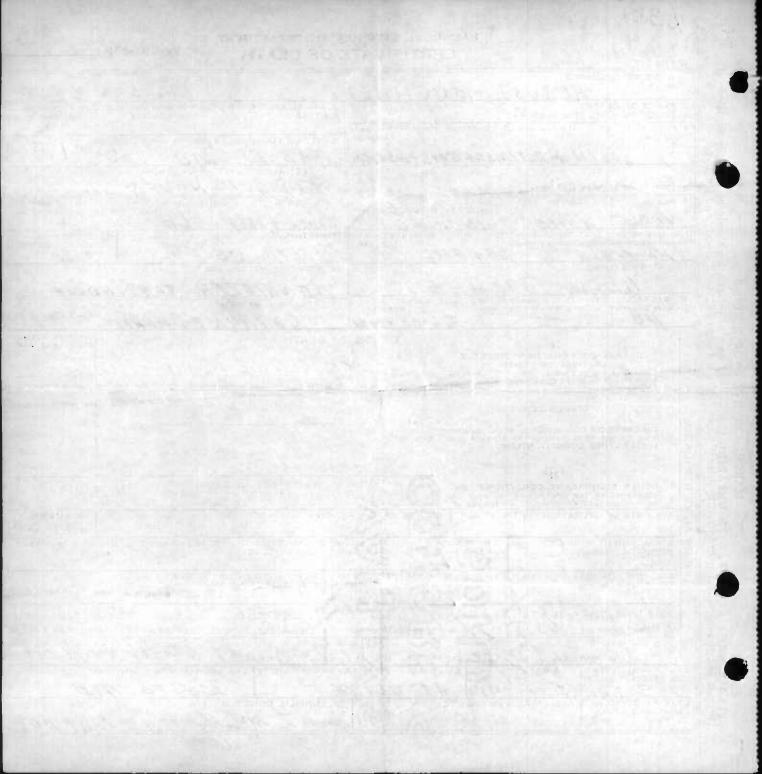
WHAT COUNTRY?

NTERVAL BETWEEN

20. AUTOPSY

23c. DATE SIGNED

township)



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	L. Y, WITH UNFADING INK. Every item of information should be fully supplied. The	ally important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING	Every item of information	write the causes of death c
MAKGIN KESE	UNFADING INK.	Physicians: please
4	LY, WITH	important.
	PLEASE WRITE PLA	correct age is especially

ا ا		BALTIMORE CITY HE	ALTH DEPARTMENT	51	J 4216
5	19th no. 1216	CERTIFICATE		Registered No.	2420
1.	NAME OF DECEASED 2. DATE				
(3	Type or Print) VINCENT	MROZ		DEATH May	6 1950
	. PLACE OF DEATH: Baltimore City, Maryland Roy	415	4. USUAL RESIDENCE (WI		itution: residence before admission
8.	FULL NAME OF (If not in hospital or	institution, give street address or	marylan	ad	before aumission
H	OSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (If o	utside corporate limits, wi	
1	22 n. Weche	4 and	Baltina	u 6"	- O / township
		Yrs. Mos.	D. STREET ADDRESS (If re	aral, give location)	
		40 Flas / Days		eller and	
3		SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) H Under last birthday) Months	1 Year It Under 24 Hours Days Hours Min
-	MIW	Widaney	del 12/880	70	
MOL	OA. USUAL OCCUPATION (Give kind of lock done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF
	Pressay P.	Green 6 grest to	Paland	8	
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME	
-	unfanaver		Unknown		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FO es, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS
		213-10-2260	her Helen hrans	rienrica 22	4. Deches
	18. 113/	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)				
	heart failure, asthenia, etc. It means the injury or complication which cause	he disease,	-1	0	
	ANTECEDENT CAUSES	Qu	leverelevor	is -jenerly	
O	DISEASES OR CONDITIONS, IF AN		***************************************		***************************************
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
TIFIC		_ (C)			
11 02	OTHER SIGNIFICANT CONDITIO				
H	TRIBUTING TO THE CEATH, BUT NOT TO THE CISEASE OR CONCITION CA				
EDICAL C		MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office hldg., et		in Baltimore City, give	exact location)
Σ	210. TIME (Month) (Day) (Year) (Ho	ur) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	OF INJURY MHILE AT NOT WHILE AT WORK MORK				
	22. I hereby certify that I attended the deceased from 7et, 1950, to Way 6, 1950 that I last saw the				
	deceased alive on way 4 , 195° and that death occurred at 30 Rm., from the causes and on the date stated above				
	23A. SIGNATURE Tous 7: Klimes M.O. 2623 E. Marrier 1 23C. DATE SIGNED MOS. 2623 E. Marrier 1 23C. DATE SIGNED				
2 TI	4A. BURIAL, CREMA- 24B, DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 240. LO	CATION (City, town, or o	county) (State)
E	Burial May 10/	950 Haly Rosary	Cem, Bak	smare Co	unts
	ATE RECEIVED BY REGISTRAR'S SI	GNATURE.	25. FUNERAL DIRECTOR	4010 AE	DRESS

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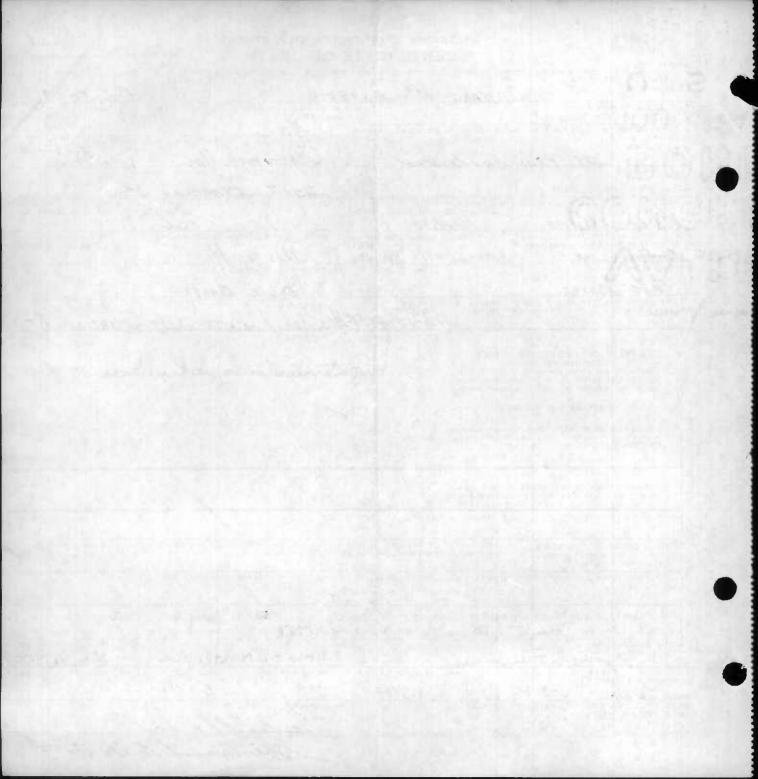
13.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. I. NAME OF DECEASED 2. DATE 80. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR 2309 St MACL 5 + location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JALTONORE Yrs. D. STREET ADDRESS (If rural, give location Mos c. Length of stay in Baltimore YARCLAN UT Days 6. COLOR OR RACE 7. SINGLE MARRIED BIRTH 9. AGE (In years | ff Under I Year | If Under 24 Hours | Months Days | Hours | Min. 8. DATE OF WIDOWED, DIVORCED (Specify) 104. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SHIPPING CLERK BUSINES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEO. LAKER. ENNIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 1110 2-07-455 18. CAUSE OF DEATH INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CA (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL Ü 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER ō about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK , 1950, to Negy 6 22. I hereby certify that I attended the deceased from down , 1950 that I last saw the . 1950 and that death occurred at SIGA.m., from the eduses and on the date stated above. deceased alive on Mary la 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 404 E. North ave May 111950 Treduce 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 6 BVANS EM JURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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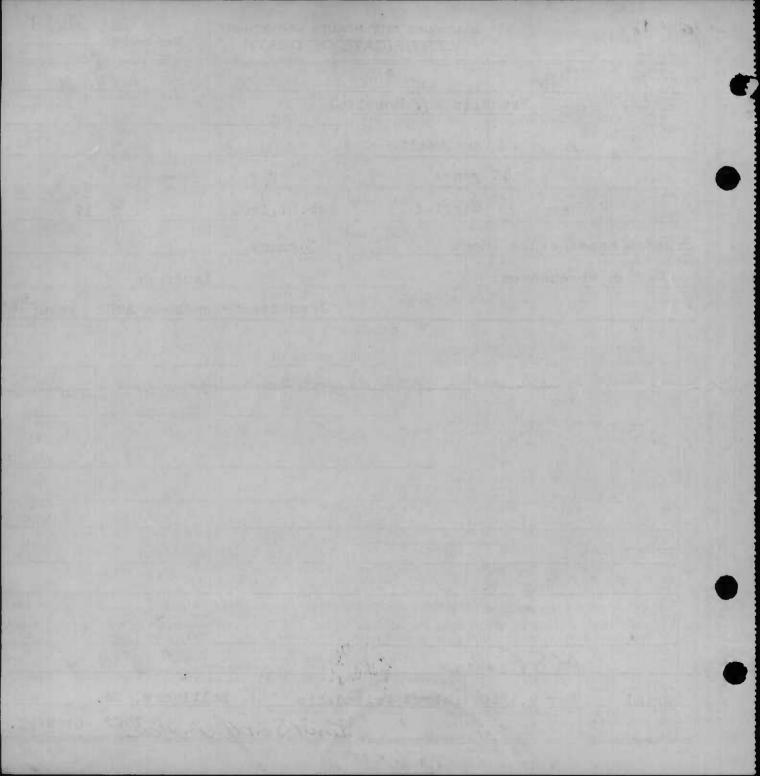


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.

1.	NAME OF DECEASED		j,	2. DATE	
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A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	here deceased lived. If institution: r	esidence admission)
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BALTIMORE CITY HEALTH DEPARTMENT

ВІ	IRTH NO.	A PIN CHAP DEF	CERTIFICATI	E OF DEATH	Registered	l No.	
1. (T	NAME OF DECEAS	SED	EMANUEL OSCAR RINEHO	OLT .	2. DATE OF DEATH M	ay 6, 1950	
A.	Baltimore City,	Maryland		4. USUAL RESIDENCE (VA. STATE	Where deceased lived. B. COUNTY	If institution: residence before admission	
H			al or institution, give street address or flome location) gers Ave.		outside corporate lin	mits, write RURAL and give township	
	Length of stay in		Yrs. Mos. 77 yrs. Days	D. STREET ADDRESS (If 2211 W. Roger			
	male wh:		7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 29, 1872	9. AGE (In years last birthday)	il Under 1 Year II Under 24 Hours Months Days Hours Min	
10 worl	A. USUAL OCCUPA k done during most of workin NONE	TION (Give kind of g life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	En Attravelle	
	Wesley Rine			Sarah Mitchel	1		
15 (Ye	MAS DECEASED EVE	R IN U.S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Miriam O	· Coates 2	ADDRESS 211 W. RogersAv	
FICATION	(This does not r heart failure, ast injury or compl ANTE DISEASES OR (RISE TO THE AB UNDERLYING	cedent Cause CONDITIONS, 1	ins the disease, caused death.) DUE TO SES (8) F ANY, GIVING STATING THE DUE TO AST.		general de la companya de la company		
CERTI	OTHER SIGNIF TRIBUTING TO THE DISEASE	HE DEATH, BUT	NOT RELATED				
CAL	19A. DATE OF OPE	ERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDIC	21A. ACCIDENT, S HOMICIDE (Spe		218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID () btc.) INJURY OCCUR?	If in Baltimore City	, give exact location)	
2	21D. TIME (Month OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK					
	22. I hereby cert deceased alive or	22. I hereby certify that I attended the deceased from four 1, 1950, to MAY. 6, 1950, that I last saw deceased alive on MAY 6, 1950, and that death occurred at 150 m., from the causes and on the date stated about					
	23A. SIGNATURE	ochus	Mariez, M.D.	38. ADDRESS 8002334	/ st .	5 -8-50	
710	4A. BURIAL CREMA ON REMOVAL (Specify, Burial	5/9/50	Mt. Olivet C		ocation (City, too	wn, or county) (State)	
	ATE RECEIVED BY OCAL REGISTRAR		s signature	25. FUNERAL DIRECTOR	1.1.	Salto Md	

. - Physical Property

MARGIN RESERVED FOR BINDING

LY, WITH

PLEASE WRITE PLA Y, WITH correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

4223

В	IRTH NO. 50 4223		CERTIFICATI	E OF DEATH	Registered N	No	
1. (T	NAME OF DECEASED 'ype or Print)	NANCY C	ATHER INE SMITH		2. DATE OF DEATH MA	v 7. 1	050
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W		institution ;	; residence ore admission)
H	FULL NAME OF (If not in hospit OSPITAL OR 10 E. 26t)		tion, give street address or location)	c. CITY OR TOWN (If Baltimore	outside corporate limit	. /	RAL and give township)
	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 10 E. 26th St.			
	emale color or RACE	WIDOV	E. MARRIED. VED. DIVORCED (Specify) OW	8. DATE OF BIRTH Mar. 25, 1865	9. AGE (In years last birthday) Mo	Under 1 Year ntha Days	Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of k doned nring most of working life, even if retired) housewife	108. KINI	o of Business or INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZ WHAT	EN OF COUNTRY?
13	Andrew Cost			14. MOTHER'S MAIDEN NA Teresa Funk	AME		
15 (Ye	S. WAS DECEASED EVER IN U. S. ARME s, no or unknown) (If yes, give war or date DO	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Clarence W		DDRESS E. 26t	h St.
RTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAUSE DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	TH of dying, e. ans the disea caused deatl SES FANY, GIVI STATING T AST.	(B) Grand	is myocard		Ye	as.?
CEI	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELAT	ED U	A710V			
CAL	21a. ACCIDENT, SUICIDE,		FINDINGS OF OPER		f in Baltimore City, g	YES [
MEDI	HOMICIDE (Specify) 21b. TIME (Month) (Day) (Year OF INJURY	about bome,	ACE OF INJURY (e. g., in farm, factory, atreet, office bidg., c 21e. INJURY OCCURRI WHILE AT ONT WHILE AT WORK	tc.) INJURY OCCUR?		give exact i	ocation
TIC	deceased alive on May 7 23A. SIGNATURE 23A. BURIAL, CREMA- DN, REMOVAL (Specify) Burial 5/9/50 ATE RECEIVED BY REGISTRAR	Oyde S SIGNATU	and that death occur 2	med at 5 A.m., from the 3B. ADDRESS 2701 M. Calumary 24D. Let M. Pk. B. 25. FUNERAL DIRECTOR	he causes and on the cause and on the causes and	ar county)	ated above. TE SIGNED 8, 50
8	155	- din also	- Williams Mil	Wim. J. Con	mer & Jais.	Vaaer	v "w

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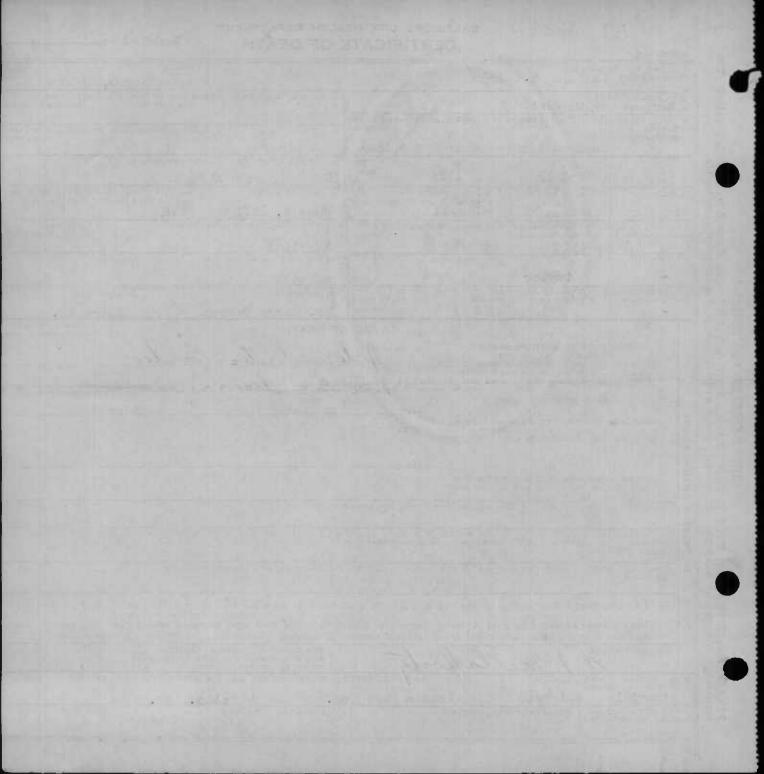
The late of the late of			
		BALL.	
	AND THE RESERVE		

50 4224

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4224

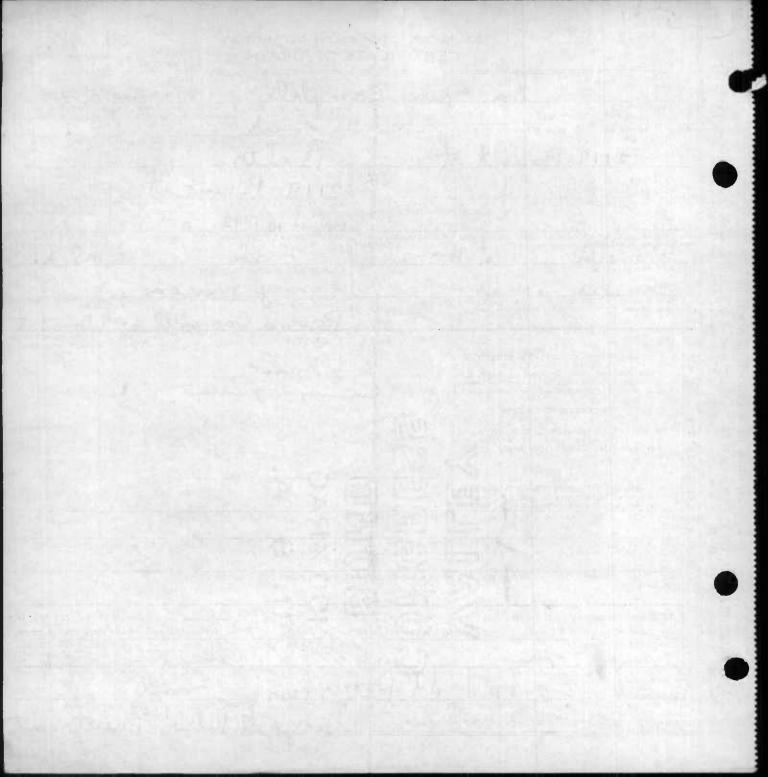
BIRTH	NO.						
1. NAI	ME OF DECEAS or Print) FRAN	NCES A.D.	AWSON			2. DATE OF DEATH May	6. 1950
	CE OF DEATH: timore City, I	Maryland			A. STATE	ICE (Where deceased lived. B. COUNTY	If institution: residence before admission)
B, FUL	L NAME OF	(If not in hospita	al or institut	tion, give street address or location)	Maryland		
INSTI	TUTION				C. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give
46	West	t Baltimo:	re Gene	eral Hospital	Baltimore	16-0	6
100				Yrs. Mos.	D. STREET ADDRES	S (If rural, give location)	
c. Lei	ngth of stay in	Baltimore		Life Mos. Days	1027 Ashburt		
5. SEX	6.CO	LOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
fem	ale wh	nite	wido		June 4. 187		nonths: Days Hours: Min.
10A. U	SUAL OCCUPAT	TION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
work done	during most of workio			INDUSTRY			WHAT COUNTRY?
12 54	housew THER'S NAME	116	at ho	me	Maryland	SCAL ALANGE	
13. FA	THER'S NAME				14. MOTHER 5 MAIL	JEN NAME	
-		Staylor			unknown		
15. WA	S DECEASED EVEL or unknown) (If y	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, ,			020011111101	Mr. Harry D	awson 3305 E	lbert St.
18.	14.00			CALISE	OF DEATH	4	INTERVAL BETWEEN
10.	1	3 1		CAUSE	OF DEATH		ONSET AND DEATH
		CONDITION DING TO DEAT		And	In all 7		` `
	(This does not m	nean the mode o	f dying, e.		e vosecurer	e caraco	
	heart failure, asth				n de-	eas.	
	1 ascular					ease_	
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING				***************************************	***************************************	***************************************
NO.	RISE TO THE ABOUNDERLYING	OVE CAUSE (A)	STATING TI	HE DUE TO			
«							
21		11		(C)			
RTIFIC	OTHER SIGNIF		TIONS CO	N -			
떠	TRIBUTING TO THE	HE DEATH, BUT	NOT RELAT	LD			
	A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AUTOPSY?
		0					YES NO X
21/	A. EXTERNAL C	AUSE WAS	218. PL	ACE OF INJURY (e.g., in	or 21c. WHERE DIE		
PR	IMARY OR COL	NTRIBUTING	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR	?	
Σ 211 OF	D. TIME (Month)) (Day) (Year)	, ,	21E. INJURY OCCURRI	ED 21F, HOW DID I	NJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
22	· I certify tha	t I took char	ne of the	remains described a	hove held an Inqu	uiry & Inspection	on thereon and from
					Au	topsy. Inspection or Inquiry	Y
4	the evidence	obtained by	said Auto	opsy, Inspection or I	nquiry, find that s	aid deceased died on	the day stated above,
	A. SIGNATURE	my opinion	resulted j	rom: natural causes		uicide [], homicide [],	
23	A. SIGNATURE	1 /	11.	1/-/-	ASSISTANT MED	ICAL EXAMINER	23c. DATE SIGNED
24:	DUGIAL COM	1. The	-ca		D. MEDICAL INVES	TIGATOR	lay 8, 1950
TION, R	BURIAL, CREMA- EMOVAL (Specify)	248. DATE	1	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
	Burial	5/9/50		Loudon Park C	en.	Balto. Md.	
	RECEIVED BY	REGISTRAR'S	SIGNATL		25 FUNERAL DIRE	TOR d	ADDRESS 7
LOCAL	REGISTRAR	huite	whom !	Minus Miss	Wm. Vu	cherel & som	Paulto
100000			TO THE PARTY OF THE	4/7/3	A		7-0-0
1/C 1E1					11	0	- / / / / / A b



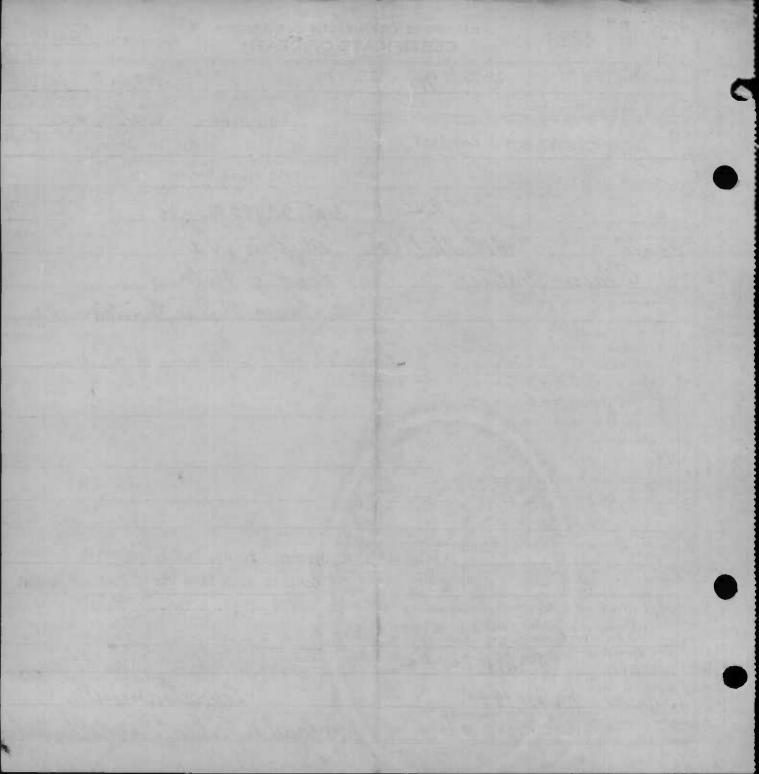
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH WOLL 5 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Undar I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 1893 10. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY omestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknnwn) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. 219 Bru NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK . 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 4-21, 19 50 and that death occurred at 10 _m., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL CREMA-CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) 24C. NAME OF Cerm 26 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 303 LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH OF May 8, 1950 1. NAME OF DECEASED 2. DATE JAMES WALTER (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland d Calling CC (If outside corporate limits, write RURAL and give B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location HOSPITAL OR C. CITY OR TOWN INSTITUTION Maryland General Hospital township) Middle River D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1430 Shore Drive c. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 9. AGE (in years If Under 1 Your 6. COLOR OR RACE information should be last birthday) Months: Days Hours: Min. 10B. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) WHAT COUNTRY? work done during most of working life, even if retired) USTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes Jo CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Second and third degree burns of 90% of the (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Axxxx poda write RESERVED injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION important. 21B. PLACE OF INJURY (e.g., in or about fore-firm facility, street, office bldg., etc.,) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS FRIMARY OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH. Sparrows Point, Bethlehem Steel steelplant 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Contact with live wire, clothes caught NOT WHILE TE PLA especially May 7, 1950 AT WORK fire thereon and from 22. I certify that I took charge of the remains described above, held an Insp. & Inq. Autorsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, age is espe and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 238 CHIEF MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) CREMA-24B. DATE correct DATE RECEIVED BY REGISTRAR'S SIGNATURE the ator Wherette, Mid



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MARGIN RESERVED FOR BIND	INK.	please
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	PLEASE WRITE PLALY, WITH UNFADING INK. Every item of inf	rtant.
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W-	1	152 50 4227 BALTIMORE CITY HE	EALTH DEPARTMENT 50 4227
The	ВІ	CERTIFICATE	
	1. (T	NAME OF DECEASED John Williams	of DEATH 7 May 50
A Ippli	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
fully supplied.	HO	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR GOOD Samarulan Hoppi Tocation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ful legibly.		Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 22/7 David LLL are
ld b	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (ln years it Under 14 Hours Min. 1 Under 14 Hours Min.
n should clearly a	10. work	DA. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NDING information shou of death clearly		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BINDING of inform uses of dea	15 (Yes	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT DEJENS
RVED FOR Every item write the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH INTERVAL BETWEEN ONSET AND DEATH
ARGIN RESERVED ADING INK. Ever icians: please write	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	oscleratio Cardio- ragcular desersi
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDIN	strongelite of left foot.

21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (Specify) about home, ferm, fectory, street, office bldg., etc.) HOMICIDE INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK

AT WORK

1950, and that death occurred at 23 m. from 22. I hereby certify that I attended the deceased from 17 1950, that I last saw the may deceased alive on. from the causes and on the date stated above. 8 May 50 23B. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. N

(If in Baltimore City, give exact location)

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

ATAGO PO MILABOTE PEDE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4228 Registered No.

D 1	RTH	B.L.O.
D 1	IR I M	

fully supplied.

UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and let

MARGIN RESERVED FOR BINDING

1.	NAME	OF	DECEASED	
15	17230 00	Dwint)	

_						_
	2. DATE OF DEATH	5	-	7	-5	0

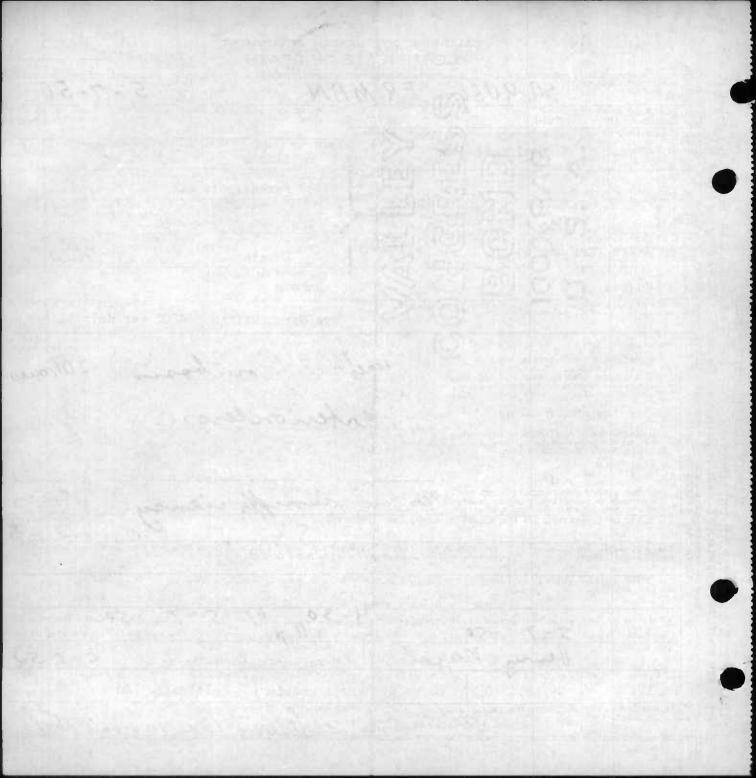
(T	ype or Print)	>11/	40EL	FRIM	FIN	DEATH 3	-/-50
	PLACE OF B	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		ndale Home	ve street address or location)	Baltimore	outside corporate limit	s, write RURAL and give township)
C.	Length of s	tay in Baltimore	32 Yrs	Yrs. Mos. Days	o. STREET ADDRESS (If a 4207 ParkHeight		
	sex lale	%hote	7. SINGLE, MAI WIDOWED D Marrie	RRIED, VORCED (Specify)	8. DATE OF BIRTH		nths Days Hours Min.
10 word	a usual oc	of working life, Carlottello	108. KIND OF E	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	Unkov	m			14. MOTHER'S MAIDEN NA Unkown	ME	
15 (Yo	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT Mrs Sarah Friman	4207 Park	DDRESS Heights Ave
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				bral the our ferioscler	bosi,	years
CERTI	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	m'tel	rimeffic	iency	Jean
AL	19A. DATE C	OF OPERATION O	198. MAJOR FINI	DINGS OF OPER		0	YES NO
MEDICAL	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or land) 21c. WHERE DID (If in Baltimore City, g. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
2	21b. TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. I m. WHILE /	AT WORK			
		live on 5-7		ased from 4.			that I last saw the he date stated above.
	23A. SIGNA		y Nag	0 12	38. ADDRESS	bone	5-7-50
TIC	AA. BURIAL.	CREMA- 248. DATE Specify) May 9.		NAME OF CEMETE brew Mt Car		ltimore Md	

PLEAS WRITE PLA

DATE RECEIVED BY LOCAL REGISTRAR

111 VS 150

REGISTRAR'S SIGNATURE



F-	630
Lhe	BIRTH NO.
F.,	1 NAME OF D

4229

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	1	4	229
Registered	No.		

ВІ	RTH NO.			CERTIFI	CAT	E OF DEATI	Н	Registered	No.	
	NAME OF D		AISY I	• FORD				2. DATE OF May	6,	1950.
A.	PLACE OF D Baltimore (City, Maryland /		aton St.		4. USUAL RESIDE	Md.			
HC	SPITAL OR STITUTION	OF (II not in nospit	a or mstitut		location)	c. CITY OR TOWN			nits, w	rite RURAL and give
	Length of s	tay in Baltimore		Life	Yrs. Mos. Days		702 S.	Eaton St.		
I	emale	White	Wipow	e MARRIED. ED, DIVORCED lowed	(Specify)	April 28,		9. AGE (In years last birthday)	Month Month	er Year If Under 24 Rours S Days Hours Min.
10. work	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS	S OR DUSTRY	11. BIRTHPLACE (S		The Contract of the Contract o	12	CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	ongley	110/110		14. MOTHER'S MA				
15 (Yes	. WAS DECEAS, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	EORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT Mr. Andrew	Stefan	702 S. E		RESS n St.
RTIFICATION	DISEASE	are, asthenia, etc. It mes complication which antecedent causes of conditions, if the above cause (A) ying condition La	caused death SES F ANY, GIVIN STATING TH	(B)		hrnei Trys				may 3,1450
111	OTHER SIGNIFICANT CONDITIONS CON-				sy.	w orangey	Voc	week.		7
AL C		9A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPER				ATION	*****			20. OUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY	Y (e. g., i	or 21c. WHERE D	Eme (II	in Baltimore City	, give	exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE TANNOT WHILE TO NOT WHILE WORK WHILE TO NOT WHILE WHILE TO NOT WHILE WHILE WORK WHILE									
	deceased alive on hear 5. 1950, and that death occur					red at 8:30 And, 38. ADDRESS & 42 S. E.	from the	e causes and on	the c	hat I last saw the date stated above 23c. DATE SIGNED 5 - 8 - 50
	a. Burial, (S N. REMOVAL (S Burial	5- 7			CEMETE	metery		CATION (City, tov Frederick		• Balto•Md•
DA	TE RECEIVE	PAR	At Lines	Millians	MA	25. FUNERAL DIRI		S. Conklin		t•

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

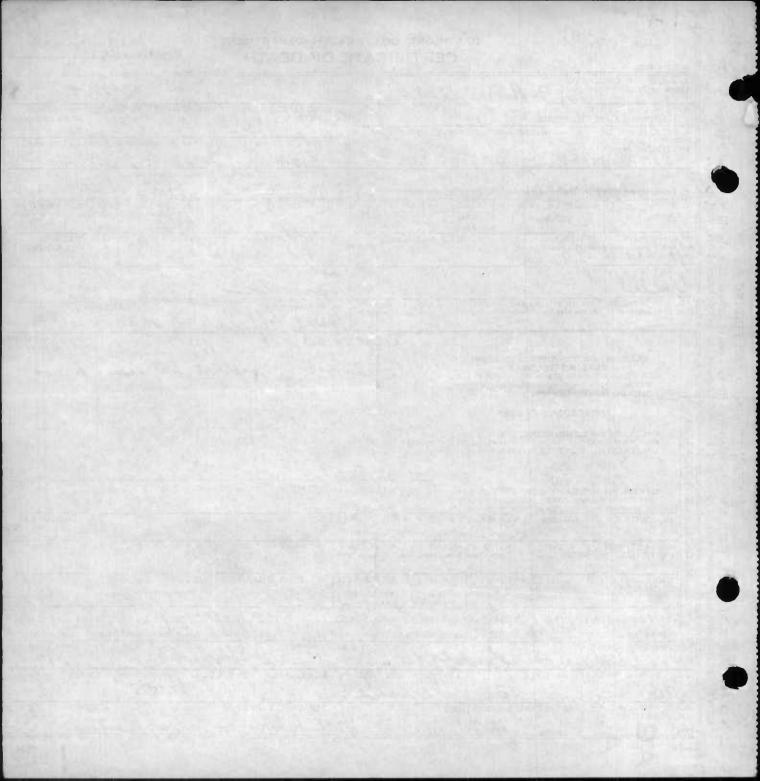
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В	IRTH NO.			OLIVIII 107VI	2 01 02/11				
	NAME OF D Type or Print)	RACI	4EL	OPPEL		2. DATE OF DEATH	19/50		
A.	PLACE OF D Baltimore (City, Maryland	site or inetitud	tion, give street address or	A. STATE	NCE (Where deceased lived, B. COUNTY	If institution; residence before admission)		
H	OSPITAL OR	HASD A	0	location)		(If outside corporate lin	nits, write RURAL and give township		
1	SINAL	1700 P. 7	DALI	Yrs.	D. STREET ADDRE	SS (If rural, give location)			
		tay in Baltimore		Mos. Days	2608 xh	rugfull	ave		
5	F	6. COLOR OR RAC	WIDOV	E, MARRIED, YED, DIVORCED (Specify)	8. DATE OF BISTH	9 AGE (In years last hirthday)	il Under 1 Year If Under 24 Hours Months Days Hours Min.		
TO WOR	A USUAL OC	CUPATION (Give kind of working) fie, even if retire	of 10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHELACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	Thele,	NAME			Reown	IDEN NAME			
15 (Ye	S. WAS DECE (St	EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	Thele of	el 3510 Hot	ADDRESS ave		
	18. 15	3 × ,		CAUSE	OF DEATH //		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Carcinone y Colon & mutation 6 mos.								
-	ANTECEDENT CAUSES								
RTIFICATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION	A) STATING T	NG (B)					
FIF		H.		(C)					
CER	TRIBUTING	SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELAT	ED					
L		OF OPERATION (19B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?		
IEDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			, give exact location)		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK								
	deceased alive on 5/9/ 1950, and that death occurred at 530 A.m., from the causes and on the date stated above								
	deccased at	live on 5/9/			rred at 5 = M.m.,	from the causes and on	the date stated above		
	1 a	there &	Kud	olph M.D.	Since	Hospital	15/9/10		
	ON, REMOVAL (S	Specify) 24B. DATE	10	LOSE da	0	24D LOCATION (City, tow	vn, or county) (State)		
D.A.	ATE RECEIVE	D BY REGISTRA	R'S SIGNATI	URE	5. FUNERAD DIRI	ECTOR Z (OC)	SADDRESS PO		

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PLEASE WRITE PL. 17, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legizity. MARGIN RESERVED FOR BINDING

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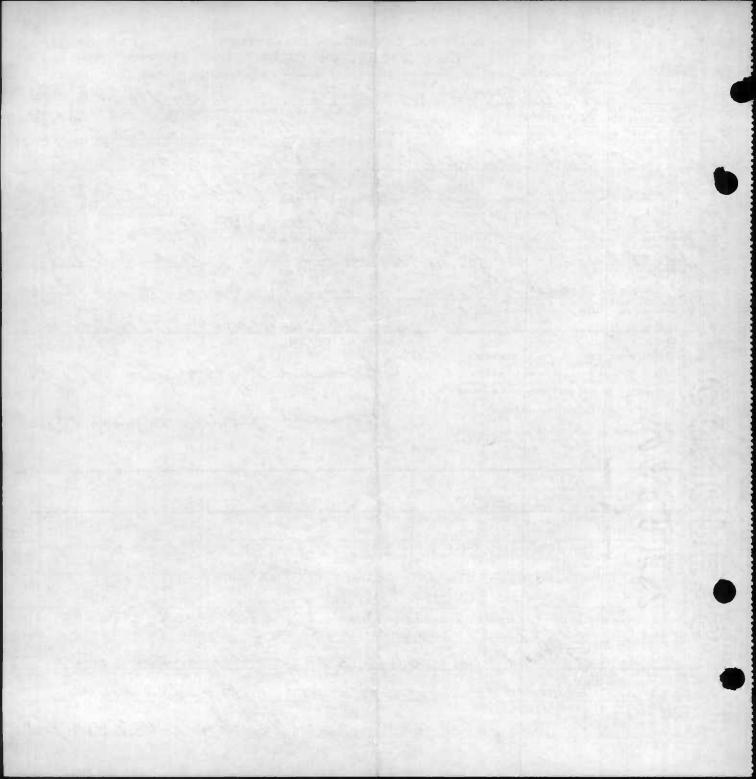
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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d.		Type of Print) ///AMJ. FVER	18/950
supplie		. PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If including the second sec	titution : residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR FOWN (If outside corporate limits, w	rite RURAL and give
fully y.	0	STITUTION -17 Willow ave Baltimore	township)
29		Yrs. D. STREET ADDRESS (If rural, give location) Mos.	15
be le		Length of stay in Baltimore Days Days Days DATE OF BIRTH DAGE (In years Under Days DATE OF BIRTH DATE OF BIR	er I Year If Under 24 Hours
		m. W. Pridown Oct 24 1857 (ast birthday) Month	B Days Hours Min.
information should s of death clearly an	worl	DA. USUAL OCCUPATION (Give kind of log KIND OF BOSINESS OR II. BIRTHPLACE (State or foreign country) Light during most of perking life, even if retired) No Received No Rec	CITIZEN OF
rmatio death	13	3. FATHER'S NAME 14. MOTHER'S MAJOEN NAME	1.0
orm des	15	5. WAS DECEASED EYER IN U, S. ARMED FORCES? 16. SOCIAL 17. NEORMANT ADDITIONAL ADDITIO	PShank
infe s of	(Ye	se, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. (NFORMANT)	RESS
em of i		18. 477. CAUSE OF DEATH	INTERVAL BETWEEN
it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND BEATH
Every vrite th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1 4 2.
Ever		injury or complication which caused death.) DUE TO	
INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Jenerally efaiters class	is 10 yrs
G II	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
DIN	U	(C)	
UNFADING Physicians: p	RTIF	OTHER SIGNIFICANT CONDITIONS CON-	
UN	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ļ
H	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
. 5	EDICAL	21A. ACCIDENT WAS UNDER. LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give in the plant in the pl	exact location)
LY,	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
Tall.		m. WHILE AT NOT WHILE AT WORK AT WORK	
PL pecis			hat I last saw the
WRITE e is esp		deceased alive on 7, 1950 and that death occurred at 7, 1950 and on the causes are caused at the causes and on the causes are caused at the caused at the caused at the causes are caused at the caused at	date stated above.
W. ige i	_	Logs 2. Laylor M.D. 3902 Ellenmount du.)	may 8, 1950
00	TH	44. BURIAL, CREMA- 248. DATE / 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or OT), REMOVAL (Specify) May 10 (7) Hours May 10 (7) Hours May 11 (1) (1) (1)	county) (State)
PLEA, correct	D.	The state of the s	DDRESS
4 2	M	1AY 9-1950 Thinkwater Williams, Min Henry Wy Enkins of Smols.	4905-Vork #



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ВІ	50 RTH NO.	4232	BA	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered	00 4232 d No
(T	NAME OF D ype or Print)	DOROTHY	BAKER	ODEN		2. DATE MS	18/50
A.		ity, Maryland			4. USUAL RESIDENCE (B. COUNTY	before admission)
H	FULL NAME OSPITAL OR STITUTION	NION MEMO		cion, give street address or location)		f outside corporate lin	mits, write RURAL and give township
		tay in Baltimore	YRS	Yrs. Mos. Days	2126 MARYLA		
5.	SEX	6. COLOR OR RAC		E. MARRIED, VED, DIVORCED (Specify)	3 JUNE 1911	9. AGE (In years last birthday)	Months Days Hours Min.
work	Book - K	CUPATION (Give kind f working life, even if retire LEPER	of 10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or MAR YLAND	foreign country)	12. CITIZEN OF WHAT COUNTRY
		MAS ODE	7		EMMA BA	NAME ICER	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARN (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO.	Mrs. Elizabeth	SEGAL "	ADDRESS 7405 GLEN OAK AV
	18. 58	1.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	LEADING TO DE not mean the mod re, asthenia, etc. It n complication which	ATH e of dying, e. leans the diseas	se,	INEC'S CIRRO	212	YRS.
		ANTECEDENT CA	USES		*		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
IFIC		11		(C)			
CERT	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELAT	ED		***************************************	
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA				RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., 10 or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give line)				y, give exact location)		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK					Y OCCUR?	
	deceased al	ive on MAY 8	ttended the	deceased from MA and that death occur	rred at 7 p.m., from		50, that I last saw the the date stated above
	23A, SIGNAT	REMA-L 24B. DATE	CV 3 2	M. D.	Upion Amer	id Hosp	23c. DATE SIGNED STEP 50 When county) (State)

TION, REMOVAL (Specify)

5-9-50 REGISTRAR'S DATE RECEIVED BY

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SIGNATURE

25. FUNERAL DIRECTOR

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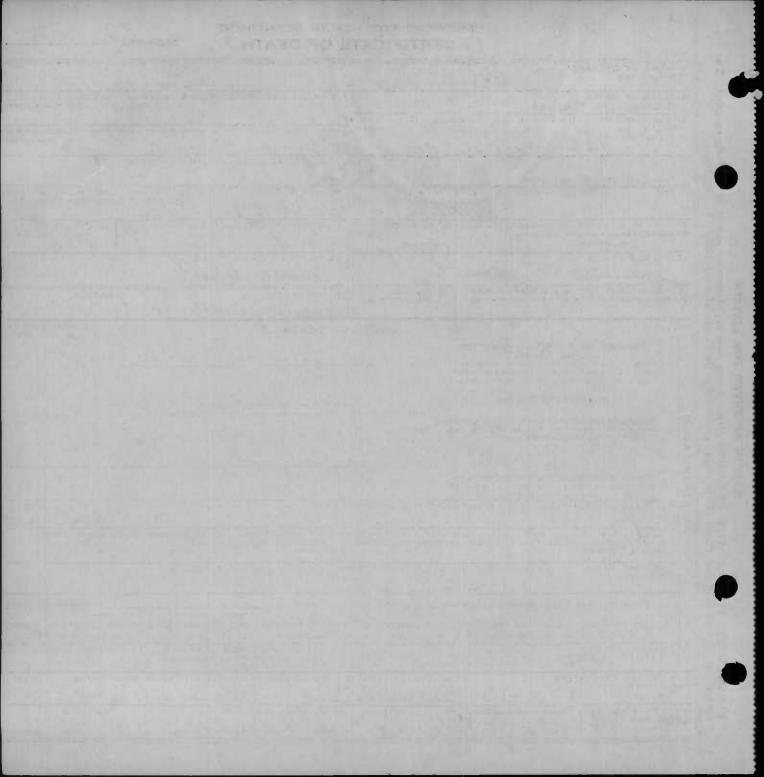
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1 8	4 58 4233		EALTH DEPARTMENT	Registered No	4233		
(. NAME OF DECEASED Type or Print)	Marcie Ven	ve//	2. DATE OF DEATH 3	8/50		
1	B. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution : residence before admission		
F	HOSPITAL OR NSTITUTION	ital or institution, give street address or location)		outside corporate limits,	write RURAL and give		
14		intrac Ave		23 ONCAVILLE	14 township		
7557	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If i	rural, give location)	700		
	S. SEX 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	HUG, 29 1878	71	nder I Year the Days Hours Min.		
WO	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY		
1	3. FATHER'S NAME	Frevell	anna Cle	ark			
(Y	5. WAS DECEASED EVER IN U.S. ARME 68, no or unknown) (If yos, give war or dat	D FORCES? IG. SOCIAL SECURITY NO.	17. INFORMANT Secul	U 802 Pon	oress, are		
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH OAUMENT OAUM						
RTI	OTHER SIGNIFICANT CONE	NOT RELATED					
L CE	19a. DATE OF OPERATION	N CAUSING IT.	RATION		20. AUTOPSY?		
EDICA	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Double home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?						
Σ	210. TIME (Month) (Day) (Year OF INJURY) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?			
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry						
	and death in my opinion	said Autopsy, Inspection or large resulted from: natural causes	Inquiry, find that said dec s ☑, accident ☐, suicide	ceased died on the \square , homicide \square , und	day stated above determined □.		
	23A. SIGNATURE		238. CHIEF MEDICAL E ASSISTANT MEDICAL E LD. MEDICAL INVESTIGATO	DR	DATE SIGNED		
7 TI	4A. BURIAL. CREMA 24B. DATE ON, REMOVAL (Specify) BURIA		Cem CREMATORY 240. LO	terille,	County) (State)		
	ATE RECEIVED BY REGISTRAR	stor Williams, M.	John F Denny		Tright 8t.		
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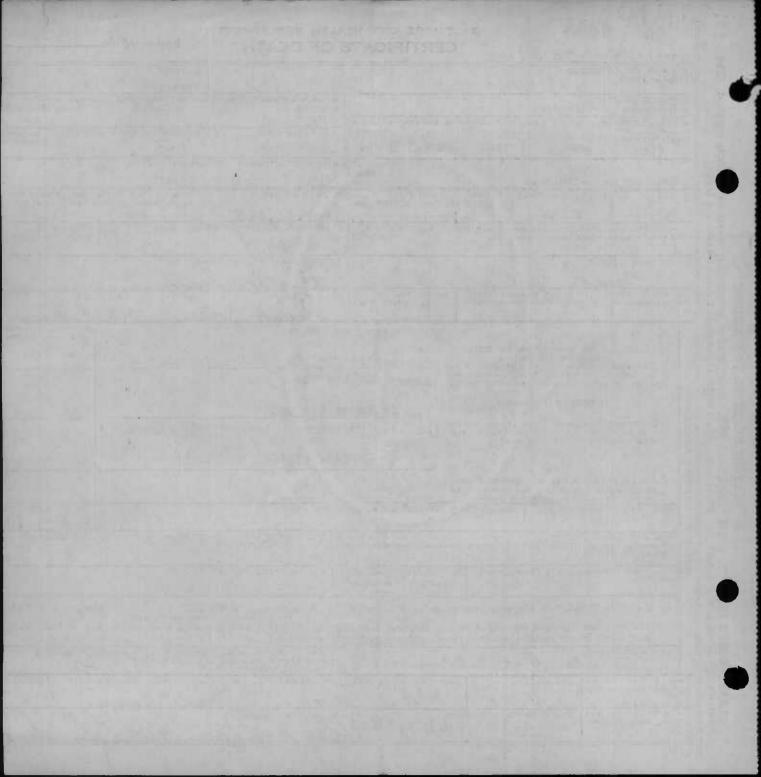
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The	1.	NAME OF DECEASED ype or Print)	Sala 2. DATE OF S	.7 (7)
ully supplied.	3.	PLACE OF DEATH:	DEATH 4. USUAL RESIDENCE (Where deceased lived.	
sup]	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give OSPITAL OR	4 1. 41. 1	before admission
ully y.	M	ospital for Women of Mary	Baltimore 25	mits, write RURAL and give township
egibl	4	Length of stay in Baltimore 57	Yrs. D. STREET ADDRESS (If rural, give location) Nos. Days 240 Banger St.	
rmation should be death clearly and legibly	-	SEX 6. COLOR OR RACE 7. SINGLE, MARK	RIED. 8. DATE OF BIRTH 9. AGE (In years)	II Under I Year H Under 24 Hours Months Days Hours Min.
should	10 work	A. USUAL OCCUPATION (Give kind of done during most of working pife, even if retired)		12. CITIZEN OF
ion s	_	FATHER'S NAME	Baltimore Maryland 14. MOTHER'S MAIDEN NAME	L.S.
IDING information of death cl	~	John Cladgett	Margaret Stewa	v+
DII	15 (Yes		OCIAL TO THE TOTAL	ADDRESS CL
		18. 443 X	CAUSE OF DEATH	NTERVAL BETWEEN
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pl	2
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MARGIN NFADIN nysicians:	1	OTHER SIGNIFICANT CONDITIONS CON-		
Phy	S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDI	NGS OF OPERATION	20. AUTOPSY?
WITH rtant.	DICAL			YES NO L
LY, WITH	EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF about home, farm, facto	INJURY (e.g., in or 21c. WHERE DID (If in Baltimore Cit; ry, street, office bldg., etc.)	y, give exact location)
3.11	Σ	OF INJURY	JURY OCCURRED 21F. HOW DID INJURY OCCUR?	
oL		m. WHILE AT WORK	AT WORK	0
TE PL.		22. I hereby certify that I attended the decease deceased alive on 5-7, 1952, and the	, 10 , 10 , 10	\mathfrak{S} , that I last saw the the date stated above
RI		Tun Pe Smith	238. ADDRESS Balts. 17 Ma	23c. DATE SIGNED
7 50	24 TIC	BURIAL, CREMA- 24B. DATE 24C. NA. REMOVAL (Specify)	W A	wn, or county) (State
PLEAS: correct	D	ATE RECEIVED BY REGISTBAR'S SIGNATURE	an Itali	ADDRESS / CA
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Registered No.	2600

В	IRTH NO. 57	0-03531		CERTIFICAT	E OF I	DEATH	Registered	No.
1.	NAME OF C	DECEASED	ANK	Z	OLLAR	In	2. DATE OF DEATH May	7, 1950
3. A.	Baltimore	City, Maryland	D. B.		4. USUA		(Where deceased lived. B. COUNTY	
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp		tion, give street address of location		yland or town	(If outside corporate lin	nits, write RURAL and give
118	(DQA)	South Bal	timore	General Hosp.		timore	23-0	township
4	3	72 1/1		Yrs. Mos.	120		(If rural, give location) er Street	
-	. Length of s	stay in Baltimore	7. SINGL	E. MARRIED.	8. DATE	OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	Male	White		ved, divorced (Specify Single		11.1950		3 Days Hours Min.
		CCUPATION (Give kind of the control of working life, even if retired	I 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTH		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S	MAME 2	00		14. MOTH	HER'S MAIDEN	NAME	
15 (Ye	5. WAS DECEAS	SED EVER IN U.S. ARMI (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFO	EMANT 7	sears .	ADDRESS 1
	1.0 110			CALISE	OF DEA	anto]	ollar 13	102 A Hunova
	18. DISEA	TO I	DIRECTLY		OF DEA	IH V		ONSET AND DEATH
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		ANTECEDENT CAL			otitis	modia		17 (19
Z		ES OR CONDITIONS,		NG mi or			s val. aureus	
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-IC/		11		(c) Acute	inters	titial pn	eumonitis	
ERTIFICATION	TRIBUTIN	SIGNIFICANT CONI	T NOT RELAT	ED	•••••			
AL C				FINDINGS OF OPE	RATION			20. AUTOPSY?
EDICA	21A. EXTER PRIMARY D CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING DEATH.	21B. PL about home	ACE OF INJURY (e. g., farm, factory, street, office hidg.	in or 21c. 1 otc.) INJU	WHERE DID RY OCCUR?	(If in Baltimore City	, give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Yea.	r) (Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		ונמו מום woh	URY OCCUR?	
	22. I cert	ify that I took cho		remains described		d an	utopsy	thereon and from
	the ev	vidence obtained by	y said Aut		Inquiry, f	find that said	sy, Inspection or Inquir, I deceased died on ide D homicide D	the day stated above
	23A. SIGNA		al)	el = - Lun -	23B.	CHIEF MEDICA	AL EXAMINER	
2.	4A. BURIAL.	CREMA- 245. DATE	neu	24C. NAME OF CEMETE		CAL INVESTIG	SATOR	
TI	Derrie	1 18/	50	Manuel	Toven	1	Be.	mie mod
	ATE RECEIVE	D BY I BECKSTRAE	S SIGNATI	Yelliams, M. M.		ERAL DIRECTO	PA 11.	ADDRESS
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on should be furchearly and legibly.

information

1. NAME OF DECEASED (Type or Print) FLIZABETA

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

before admission)

3. PLACE OF DEATH: A. Baltimore City, Maryland HOSPITAL OR INSTITUTION

EMALLE

B. FULL NAME OF (If not in hospital or institution, give street address or

location)

Yrs.

Mos.

Davs

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 5. SEX

6.COLOR OR RACE

7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 2/NGCE

B. COUNTY

Registered No.

9. AGE (In years of Under I Year of Under 24 Hours of Min.

10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) RETIEF

INDUSTRY

GERMANU 14. MOTHER'S MAIDEN NAME

(A) Sineralzed abdominal carrein ornatosis

11, BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEVEI

16. SOCIAL

CHRISTIANIX

ADDRESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

SECURITY NO.

MISS AWAR POETSCH-774 CAOSSLANU

INTERVAL BETWEEN ONSET AND DEATH

(This does not mean the mode of dving, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Carecinonia traky

DUE TO

DUE TO

H

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)

198. MAJOR FINDINGS OF OPERATION

CAUSE OF DEATH

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

20. AUTOPSY?

Feb. 13, 1950. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

19A. DATE OF OPERATION

about bome, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

Carecinonia

21F. HOW DID INJURY OCCUR?

, 1900 to May

WHILE AT

218. PLACE OF INJURY (e. g. on or

22. I hereby certify that I attended the deceased from Jeb 10

1950 deecased alive on May ! 23A. STONATURE

.. and that death occurred at 3:45 p. m., from the duses and on the date stated above. 23¢ DATE SIGNED

. 1951, that I last saw the

24A. BURIAL, CREMA-

LOBBAINE

WOODLAW N

OF INJURY

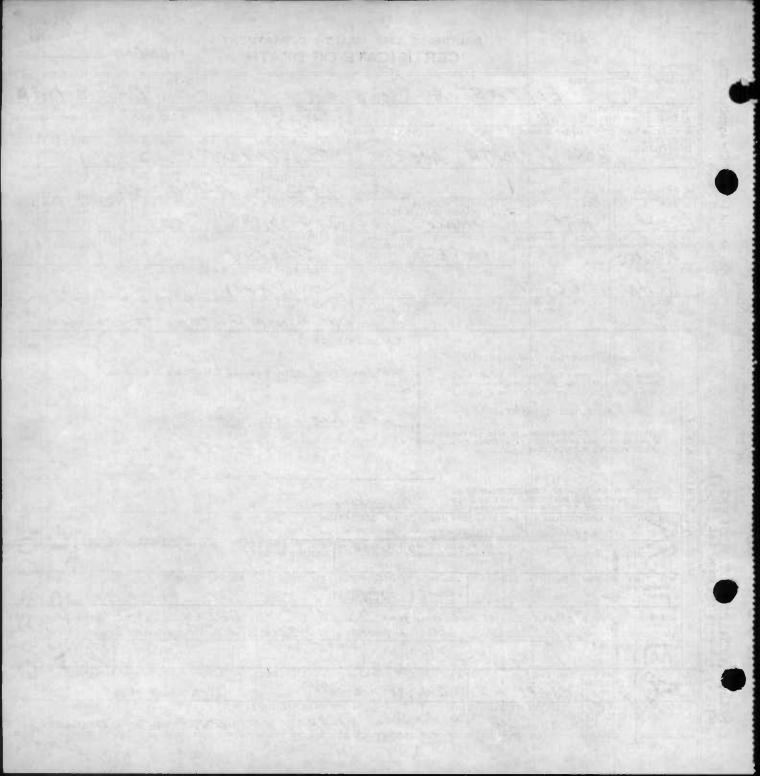
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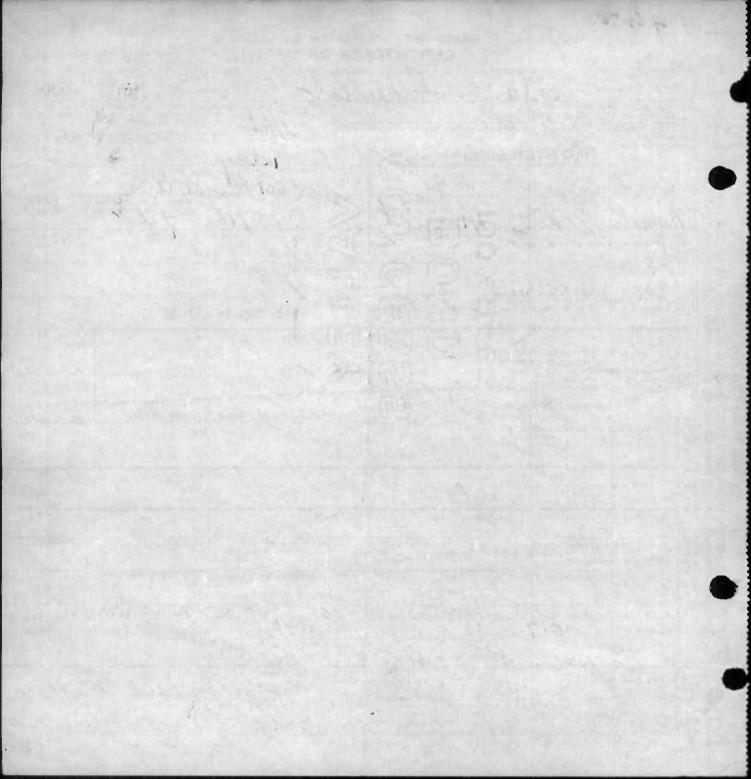
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DI	ECEASED ON	2 6.	Achue	Per	2. DATE OF DEATH MA	Y 7 1950
	PLACE OF DE Baltimore C	EATH: lity, Maryland		× Lipux	4. USUAL RESIDENCE		Ar Institution: residence before admission)
B. H(FULL NAME (al or institut	ion, give street address or location)	C. CITY OF LOWN	(If outside corporate lin	nits, write RURAL and give
3	STITUTION	PANTS MOPKINS	HOSPITAL		Pelae	6	township)
6	Length of st	tay in Baltimore	X	Yrs. Mos.	D. STREET ADDRESS	If rural, give location)	5200
	SEX	6. COLOR OF RACE		Days E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year Months Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND			r foreign country)	12. CITIZEN OF
-	H.W.		Cuon	Home	Dalso. o	nd	WHAT COUNTRY?
13/	PATHER'S N	AME			14. MOTHER'S MAIDEN	NAME)	
	. WAS DECEASE	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	a war	ADDRESS
(10	, no or unknown)	(11 yes, kive was or date	s of service)	SECURITY NO.	SOURS GOLVIN	S MUSPITAL	
	18.) 8	/ X 1		CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
		E OR CONDITION LEADING TO DEA not mean the mode of	TH	(A)	remice		2 weeks
	heart failur	re, asthenia, etc. It mes complication which o	ins the diseas	e,			
		ANTECEDENT CAUS	ES	Ca	remoma of	bladdes	1
TION	DISEASES	OR CONDITIONS. I	F ANY, GIVIN	IG	1011101034 0	Diag aes	6 m 80.
CAT		ING CONDITION LA		(C)			
RTIFICA		11					
Ш	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NDT RELATE	D			
L					ATION		20. AUTOPSY?
DICAL	21A. ACCIDI	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If In Baltimore City	yes ND
JED		CONTRIBUTING	about home, f	arm, factory, etreet, office bldg.,	INJURY OCCUR?		
-	21D. TIME (Month) (Day) (Year		21E. INJURY OCCURR		JRY OCCUR?	
			m.	WORK AT WORK		7 K	N.4
		ive on 5.7.		deceased from 3 -	10. 100, to		that I last saw the the date stated above.
	23A. SIGNAT		0/0		39 ADDRESS	WINCELL ST	23C. DATE SIGNED
24	A. BURTAL, C	REMA- 24B. DATE	1- WT	24C. NAME OF CEMETE	THE WAS HUT ET	. LOCATION (City, tow	/n, or county) (State)
THE STATE OF THE S	N. REMOVAL (Surial	may 11	50	Zul. Colin	et -2930	Frederick	R.Bests. M.S.
	CAL REGIST		SIGNATU	IRE	25. FUNERAL DIRECTO	R	ADDRESS
1	IAI J 13	150	water !	Yelliams, M.	tory H. Mus	5/12,41016	Samondson
	VS 150		O	Service Servic	1		52B aux.

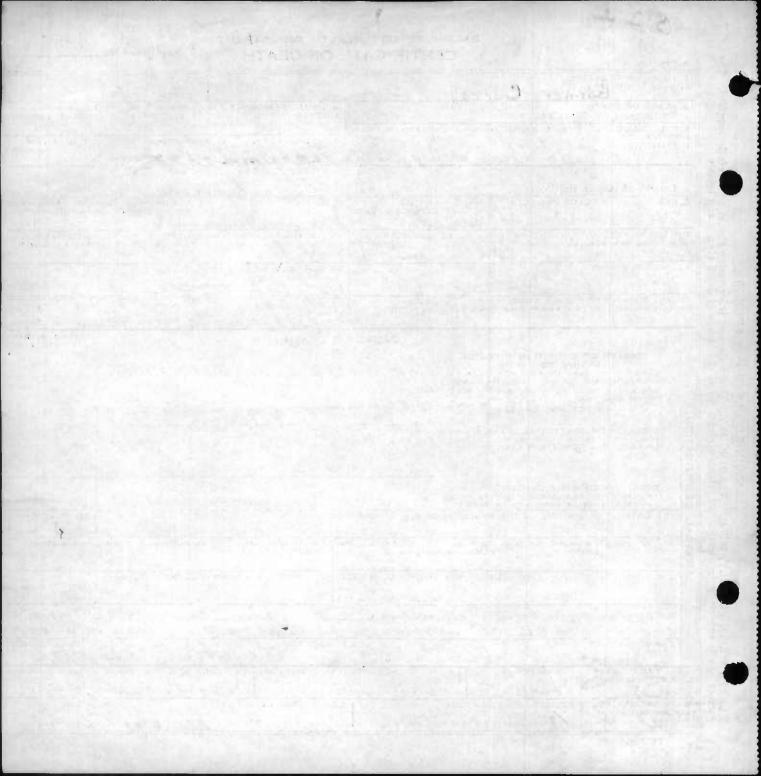


) H	65	6
	50	4238

Segistered No. 4238

В	IRTH NO.		CLITTI ICAT	E OF DEATH	registered re	
	NAME OF DEGEASED	c. Carri	Il Laws	les	2. DATE OF DEATH 5-7-	イ カ
	PLACE OF DEATH: Baltimore City, Maryl		7	4. USUAL RESIDENCE	Where deceased lived, If i	nstitution: residence before admission)
H	FULL NAME OF (If not OSPITAL OR ISTITUTION)	in hospital or instit	ution, give street address or location)	c. CITY/OR TOWN (if outside corporate limits	mundel
T	Lanoth Salor in D.16		Yrs. Mos.		f rural, give location)	P. 0
	Length of stay in Balti	R RACE 7. SING	Days LE. MARRIED, WED, DIVORCED (Specify)	8 DATE OF BIRTH	9. AGE (In years H	Under 1 Year III Under 24 Hours oths; Days Hours; Min.
10	A USUAL OCCUPATION (· na	D OF BUSINESS OR	June 22, 1903	46	
12	done during move of working He, eve	nifretired) Sag	Javern V	ma	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	John a.	Farner		14. MOTHER'S MAIDEN N	name name	
N.	MAS DECEASED EVER IN U.	S. ARMED FORCES? var or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANY	el an an Ag	press dale
	18. 581.0		CAUSE	OF DEATH	James 70	INTERVAL BETWEEN
	DISEASE OR CON LEADING (This does not mean th heart failure, asthenia, e injury or complication	O DEATH e mode of dying, e tc. It means the dise	g., (A) BLEET	UYG ESOPHAG	CAL VARICE	ONSET AND GEATH
CATION	DISEASES OR CONDI- RISE TO THE ABOVE CA UNDERLYING CONDI	FIONS, IF ANY, GIV	ING	AL CIRRINOS	/\$	
RTIF	11		(C)			
CER	OTHER SIGNIFICANT TRIBUTING TO THE GEA TO THE GISEASE OR CO	TH, BUT NOT RELA	TED			
AL (19A. DATE OF OPERATIO		R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE HOMICIDE (Specify)		ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
Σ	210. TIME (Month) (Day OF INJURY	(Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
	22. I hereby certify th		e deceased from	5/4 , 19 ⁵ 0, to	5/7 1950	that I last saw the
	deceased alive on			rred at 5:10 Am., from		
	23A. SIGNATURE	P. Sc	alia M.O.	12/3 Ligh	f Street	23c. DATE SIGNED
10	on, REMOVAL (Specify)	ay 10/50	10 00	RY OR CREMATORY 240. I	ocation (City, town, o	or county) (State)
	ATE RECEIVED BY REGISTRAR MAY 9 - 1950	STRAR'S SIGNAT	15.5.1.1 4	4 army 7.4	The 4101 6	Anondoon
	VS 150	. 0 -	7:,	, 4, 10 ?	0	ita am.

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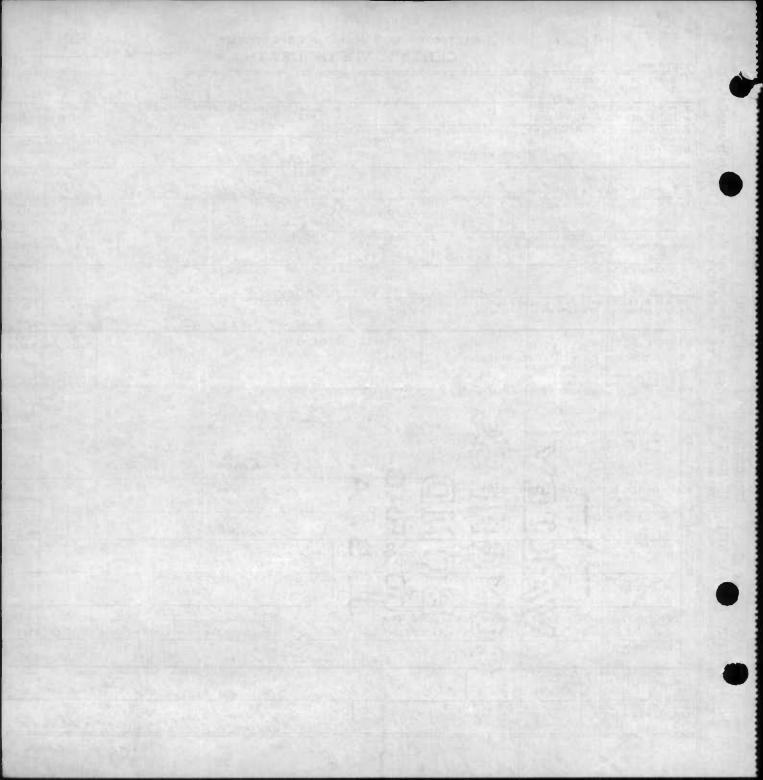
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	26	4600		TIMORE CITY H	EALTH DEPARTMENT		J Na
В	RTH NO.			CERTIFICAT	E OF DEATH	Registere	d NO
1. (T	NAME OF D	HARRY D	owys			2. DATE OF DEATH	Mar 1950
A.		City, Maryland			4. USUAL RESIDENCE		. If institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	0	pital or instituti	ion, give street address o location		If outside corporate li	mits, write RURAL and give township
T C.	Length of s	stay in Baltimore	L	Yrs. Mos. Days	177715 lm	If rural, give location)	1) Que
	SEX	6.COLOR OR RAC	E 7. SINGLE	MARRIED. PED, DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year H Under 24 Hours Months Days Hours Min.
10 Nor	A. USUAL OC k doneduring more	CCUPATION (Give kine of working life, even if retir	Hof 198. KIND	of Business OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	PANIS.	NAME	000	11	14. MOTHER'S MAIDEN	NAME N-all	
1/5	WAS DECEAS	ED EVER IN U. S. ARI	MED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ums 272	ADDRESS O Colmondson
ERTIFICATION	OISEA (This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DI IS not mean the mod ure, asthenia, etc. It r complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE (YING CONDITION)	EATH e of dying, e. g neans the diseas caused death USES G, IF ANY, GIVIN A) STATING TH LAST.	(B) Py	Inghitis Ligarid anorthy	is for Blad	onset and death
U	TRIBUTIN TO THE I	SIGNIFICANT CON G TO THE DEATH, B DISEASE OR CONDIT OF OPERATION	ON CAUSING	D	RATION		20. AUTOPSY?
MEDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)	218. PLA	ACE OF INJURY (e. g., arm, factory, street, office bldg			y, give exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Ye		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		some	
	22. I herel deceased a 23A. SIGNA		, 19 <u>56</u>		rred at 6.35 pm., from 23B ADDRESS		7 May 1950
TI	on, REMOVAL	Specify) May	10/50	M. Oliv	ery or CREMATORY 24D. 2 930 Fred 25. FUNERAL DIRECTOR	Lerick Rd	It ala on 1

49606 520 auc.

VS 150

PLEASE WRITE PLACE, WITH UNFADING INK. Every item of information should be eful correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMEN CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Mary Florence Hall efully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN INSTITUTION 111 N. Kossuth St. Baltimore D. STREET ADDRESS Yrs. Mos. Life c. Length of stay in Baltimore 111 W. Koss Days information should be 7. SINGLE, MARRIED, WLOOWED, DIVORCED (Specify) W100W 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 1 RC White Jan. 25,190 Female 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Md. Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN George Parrott Mollie Barw BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (if yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO Irs. Susie Sp causes Jo CAUSE OF DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED write injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: ADING UNDERLYING CONDITION LAST. MARGIN ERTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. EDICA 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJU NOT WHILE especially AT WORK 1949 to 5/7, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 19 50, and that death occurred at ? deceased alive on_ 5 16 m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 3629 EdMONSON 24D. LOCATION (City, town, or county) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL CREMA-TION REMOVAL (Specify) Olivet correct Burial lay 10 itt. REGISTRAR'S SIGNATURE 25. FUNERAL DIALECTOR DATE RECEIVED BY LOCAL, REGISTRAT

CATE CORRECTED 5.18-50

r 50	4240
Registered I	Vo.
OF May	/50
(Where deceased lived, If	institution: residence
B. COUNTY	before admission)
(If outside corporate limit	s, write RURAL and give
20-0	township
If rural, give location)	
uth St.	
9. AGE (in years last birthday) Mo	I Under I Year H Under 24 Hours on the Days Hours Min.
r foreign country)	12. CITIZEN OF WHAT COUNTRY
NAME	
ick	
	DDRESS
arrow, lll N.	Kossuth st
	INTERVAL BETWEEN
> /	
4 Po werhait	13 3+ 7/6
	TENNEN W

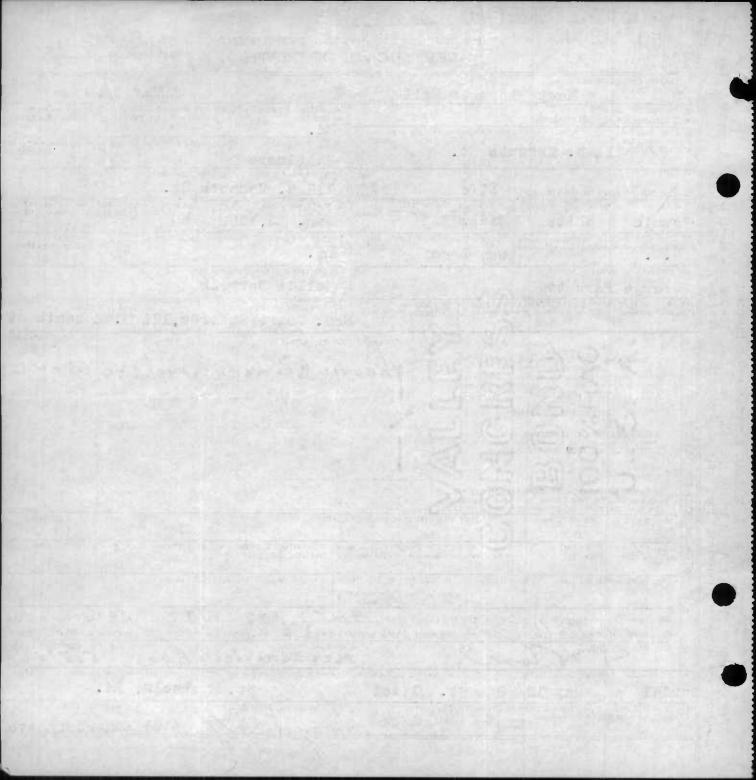
	20. AUTOPSY?
	YES NO
(If in Baltimore City,	give exact location)
IRY OCCUR?	
1/2	A

23c. DATE SIGNED

St. Michaels, Md.

ADDRESS

ce 4101 Edmondson Ave



BALTIMORE CITY HEALTH DEPARTMEN CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Charles OF efully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS ROPKINS HOSPITE should be efu Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore -8 4ND Davs 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 6. COLOR OR RACE last birthday) Months Days Hours Min. Marries clearly 11. BIRTHPLACE (State) USUAL OCCUPATION (Give kind of 10th KIND OF BUSINESS OR r foreign country) Mous rips most of working life even if redred) information death ATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES:
(If yes, give war of dates of service) 16. SOCIAL 17. INFORMANT (Yee, no or unknown) SECURITY NO JOHNS ROPKINS BUSPITLE -01-30 h Jo 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the GLIOB LASTONA, LEFT LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) FRONTAL LOBE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) ... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 2 198. MAJOR FINDINGS OF OPERATION important. DICAL GLIOBLASTOMA 21B. PLACE OF INJURY (e. g., in or | (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 3-6deceased alive on 3-8-, 1950, and that death occurred at

, 1950, to 5 - 8 -. 1957 that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED 240. LQCATION (City, town, or county)

VS 150

24A. BURIAL, CREMA-

DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

WRITE

1950, and that death occurred at 2.35

M. D

24C. NAME OF CEMETERY OR CREMATORY

1950

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND OEATH

township)

in the second of THE WALL AS THE 11 11 the top the second with

Registered No ...

BALTIMORE CITY HEALTH DEPARTMENT 4242

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

corporate limits, write RURAL and give

9. AGE (in years If Under I Year I Under 24 Hours last birthday) | Months: Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY

20. AUTOPSY?

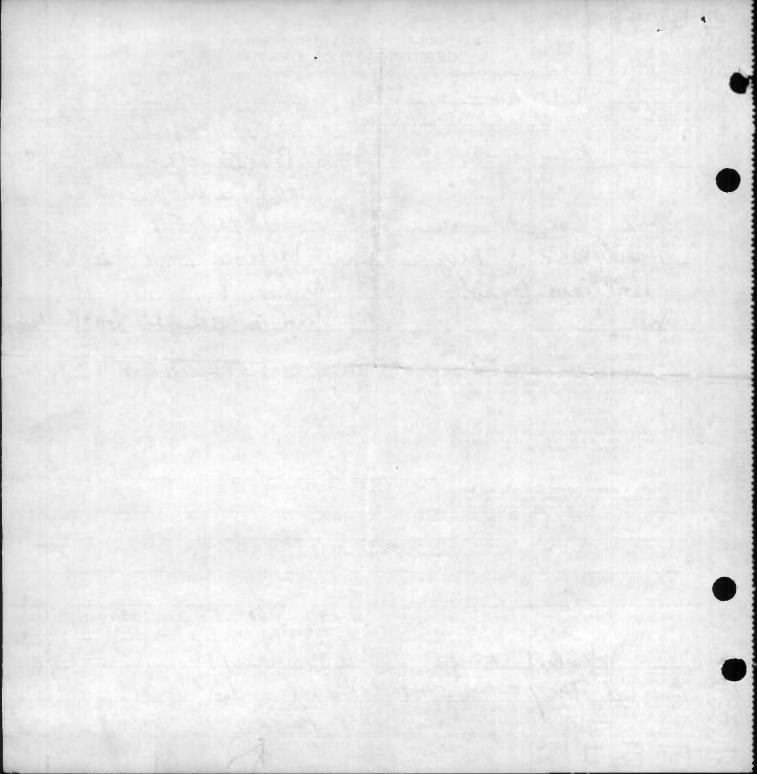
(If in Baltimore City, give exact location)

, 1950 that I last saw the .450 m., from the causes and on the date stated above.

23c. DATE SIGNED

LOCAL REGISTRAR

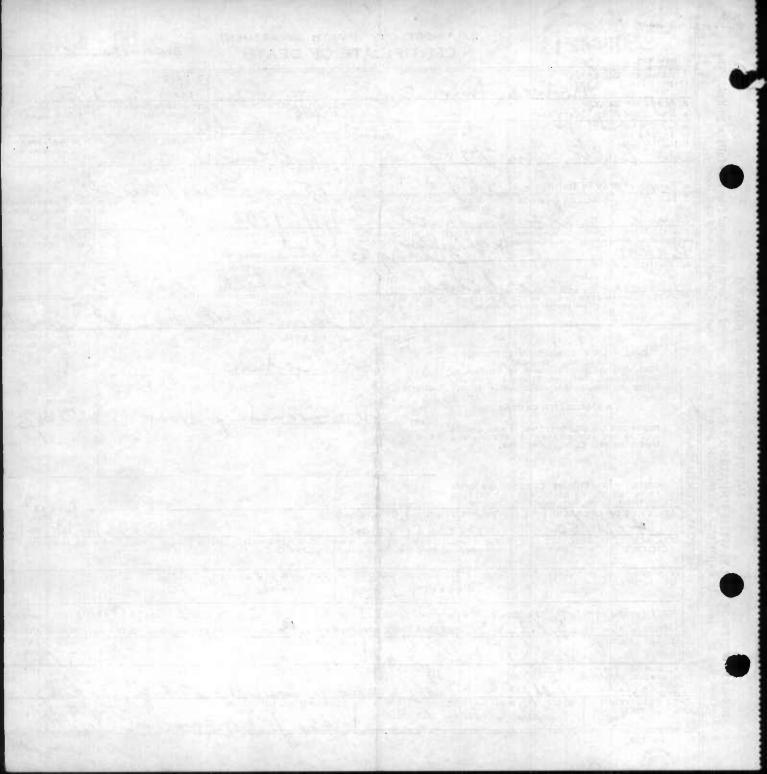
ADDRESS



50	4243

50 4243

PIRTU NO	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED		
(Type or Print) Andres A	nnie C.	OF 5/7/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived. Af institution; residence B. COUNTY before admission)
	tution, give street address or location)	(Vé outrido como parte limite andre DUDAY
INSTITUTION TO THE	to the second	(If outside corporate limits, write RURAL and give township)
113	Yrs. O. STREET ADDRESS	(If rural, give location)
c. Length of stay in Baltimore 4	Tyro Mos. 750 W.	Texing ton St.
	OWED, DIVORGED (Specify) 8. DATE OF BIRTH	9. AC (In years) if Under I Year If Under 24 Hours In thirthday) Months; Days Hours Min.
10A. USUAL OCCUPATION (Givekinder) 10B. KJ	arned 1/9/1890	3-9
work date during most of working life, even if retired	idulis INDUSTRY L	or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Jailoung 60 Mhuanu	N NAME
Vincent Sperks	tas Elizabet	h Wenitis
15. WAS DECEASED EVER IN U. S. ARMED ORCES: (Yes, no or uuknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. NFORMANT	ADDRES9/ 1//
	James a.	Undels Levington SI
18. 58/10	CAUSE OF DEATH	INTER AL BETWEEN
DISEASE OR CONDITION DIRECTL	Paral Cichari	7
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	ease.	2
injury or complication which caused de	ath.) DUE TO	- 1
ANTECEDENT CAUSES	Heprovens!	Marome Sous
O DISEASES OR CONDITIONS, IF ANY, GI		
UNDERLYING CONDITION LAST.		
U II	(C)	
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL		
U TO THE DISEASE OR CONDITION CAUSING		I 20 AUTOPSY?
11 41 /2 . /	ortal Circhosis	YES NO
	PLACE OF INJURY (e.g., in or 21c. WHERE DID me, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
Σ		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. HOW DID INJ	URY OCCUR?
m.	WORK AT WORK	= /- 6
22. I hereby certify that I attended the		
deceased alive on 3 / 1930	, and that death occurred at m., from	m the causes and on the date stated above. 23c. DATE SYSNED
le Clerce	1 5BGH	5/7/50
24A. BURIAL, CREMA- TION REMOVAL (Specify)	1.110.01	D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNA		1430 Belair Rd.
LOCAL REGISTRAR Thurtugitor	TURE 25 FUNERAL DIRECTO	ADDRESS
1000	John J.	manden Holling
VS 150	36006	1240 -11.
	030	10710



UNFADING INK. Every item of information should be exefully supplied. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLA LY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4244

В	RTH NO.			CERTIFICATI	E OF DEATH	Registered	140
1.	NAME OF D	ECEASED				2. DATE	
		LENA QUICK					y 6th, 1950
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived. I B. COUNTY	f institution; residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
	STITUTION	2235 E. Oli	ver Sta		c. CITY OR TOWN () Baltimore	If outside corporate lim	its, write RURAL and give township
-0	0			60 Yrs.	D. STREET ADDRESS (I.	f rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	2235 E. Olive		
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year It Under 24 Hours
	emale	white	wide	VED, DIVORCED (Specify) OWED	Jan.11th,1885	65	fonths Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12, CITIZEN OF
	housewi		own	home	Germany		WHAT COUNTRY USA
13	FATHER'S	IAME		1	14. MOTHER'S MAIDEN	NAME	
	John K	autsch			Kunigunda Leich	t	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(20	, no or mariowny	(1. 304) 8110 Haz os doso	or service)	security no.	Miss Dorothea Qu	ick.2235 E.	Oliver St.
	18. 42	1			OF DEATH		INTERVAL BETWEEN
	100	SE OR CONDITION	DIRECTIV				ONSET AND DEATH
	This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., (A)						
	neart failure, asthema, etc. It means the disease,						
	injury or	complication which	caused death	.) DUE TO			. 0
7		ANTECEDENT CAUS	SES		margarosilia		Marchan
0	DISEASES OR CONDITIONS, IF ANY, GIVING			1G	WILL WARE TO COMPANY WELL WAS A STREET	***************************************	WINTER (CONTRA)
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
IC							
H		11		(C)			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-						
Ü	TO THE DISEASE OR CONDITION CAUSING IT.						
1	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER			FINDINGS OF OPER	ATION		20. AUTOPSY?
O	21A. ACCIDE	NT. SUICIDE.	218. PL A	ACE OF INJURY (e. g., in	o or 21c. WHERE DID	(If in Baltimore City,	YES NO E
EDICA	HOMICIDE	(Specify)		arm, fectory, street, office hldg., e	tc.) INJURY OCCUR?	(give conductions,
Σ	21D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	OF INJURY		Pro-12-11	WHILE AT NOT WHILE			
18	m. work AT WORK						
114		y certify that Latt			1950, to		, that I last saw th
П	deceased alive on go by 1950, and that death occurred at 4.45 m., from the causes and on the date stated about						
М	23A. SIGNA	Andread Landin	1	ATT STATE OF STREET	3B. ADDRESS	BAG.	4 Min 50
24	AA. BURIAL, C			M, D,		LOCATION (City, tow	0
TIC	ON, REMOVAL (S			24C. NAME OF CEMETE	INT ON CITEMATON I LEAD.		
			1050			1+0 1/4	
D	burial	May 10.		Oak Lawn Ceme		lto., Md.	ADDRESS
D	burial	May 10.1	SSIGNATL	Oak Lawn Ceme	etery Ba		

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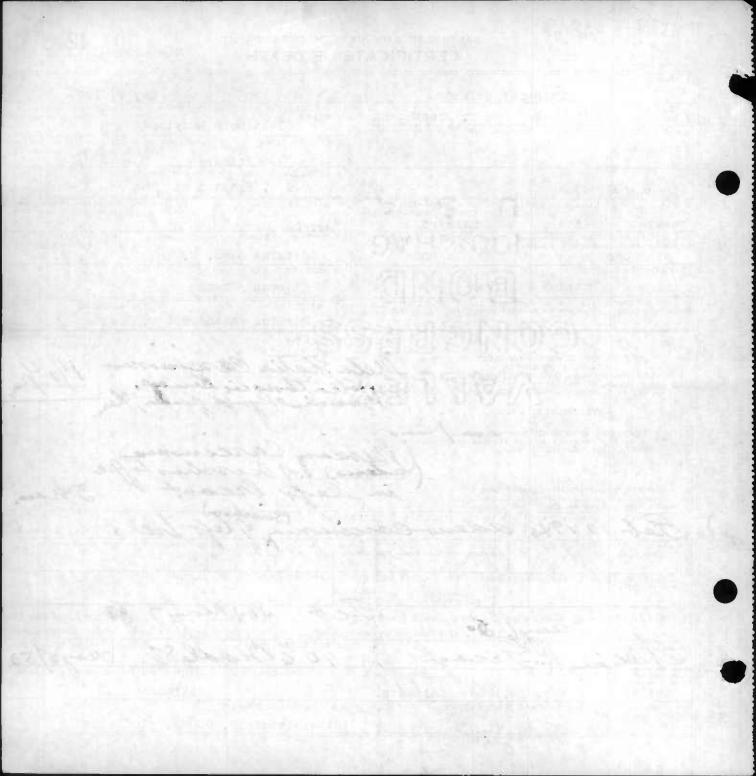
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CHECKE HERE AND HERE IN THE SECOND SE Coords the The . 2 1888 A RESIDENCE OF THE STATE OF THE

Registered No. 4245

BIRTH NO.	CATE OF DEATH
1. NAME OF DECEASED (Type or Print) Margaret Leland	2. DATE OF DEATH May 7, 1950
a. Baltimore City, Maryland 806 E. Preston S	Deltimone Manuland
B. FULL NAME OF (If not in hospital or institution, give street add to the street ad	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi
c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Boys 806 E. Preston St
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED Married	Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) NOV. 24 1868 9. AGE (In years last birthday) Months: Days Hours Mit
10A. USUAL OCCUPATION (Givekind of rockind of surk done during most of working life, even if retired) Home At Home	
13. FATHER'S NAME Patrick Sullivan	14. MOTHER'S MAIDEN NAME Johanna Drury
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO. 17. INFORMANT ADDRESS Mr. Patrick Leland 806 E. Preston St
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Many Carcinoma eno) 19 Ocershus Toppe Lefo breast 34 see
TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION (Surf) Left best YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY about home, farm, factory, street, uff	(e. g., in ar 21c. WHERA DD In Baltimore City, give exact location)
	CURRED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on that death	
Fillian Straght M	
24A. BURIAL, CREMA- 24B. DATE	D. 10 E Brodle 81 May 8/5
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial May, 10,1950 Cathedra	23B. ADDRESS BUSILES 23C. DATE SIGNED BUSINESS SEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State

MARGIN RESERVED FOR BINDING



Registered No. 4246

ВІ	RTH NO.	E OF DEATH			
	NAME OF DECEASED MARGARET L. MAC LEARY	2. DATE OF May 6, 1950			
A.	PLACE OF DEATH: Baltimore City, Maryland 919 N. Collington Ave. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)			
H	OSPITAL OR location				
c.	Yrs. Mos. Length of stay in Baltimore life Days	p. STREET ADDRESS (If rural, give location) 919 N. Collington Ave.			
5.	female white widowed (Specify Widowed)	8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year If Under 24 Hours			
10 rork	A. USUAL OCCUPATION (Give hind of a done during most of working life, even if retired) Matron Glenn L. Martin Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY U.S.			
13	FATHER'S NAME William Wick	14. MOTHER'S MAIDEN NAME Barbara Nagel			
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yee, give war or dates of service) 20-09-2954	17. INFORMANT ADDRESS Edw. MacLeary - son - 919 N. Collington Av			
ERTIFICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, LAST. CC) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED	Jukrus, adenisa 4/46			
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO			
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	in or 21c. WHERE DID (If in Baltimore City, give exact location)			
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR. OF INJURY WHILE AT NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from 1950, and that death occurred at 1950, and that death occurred at 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (STAND BENOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (STAND BENOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (STAND BENOVAL (Specify) 24D. LOCATION (City, town, or county) (STAND BENOVAL (SPECIFY) 24D. LOCATION (City, town, or county) (STAND BENOVAL (SPECIFY) 24D. LOCATION (City, town, or county) (STAND BENOVAL (SPECIFY) 24D. LOCATION (City, town, or county) (STAND BENOVAL (SPECIFY) 24D. LOCATION (City, to					
TIC	AA. BURIAL CREMA- ON, REMOVAL (Specify) Burial May 10, 1950 Holy Redeemer	Cemetery 4430 Belair Rd. Baltimore, Md.			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Schimunek Funeral Home, Inc.			

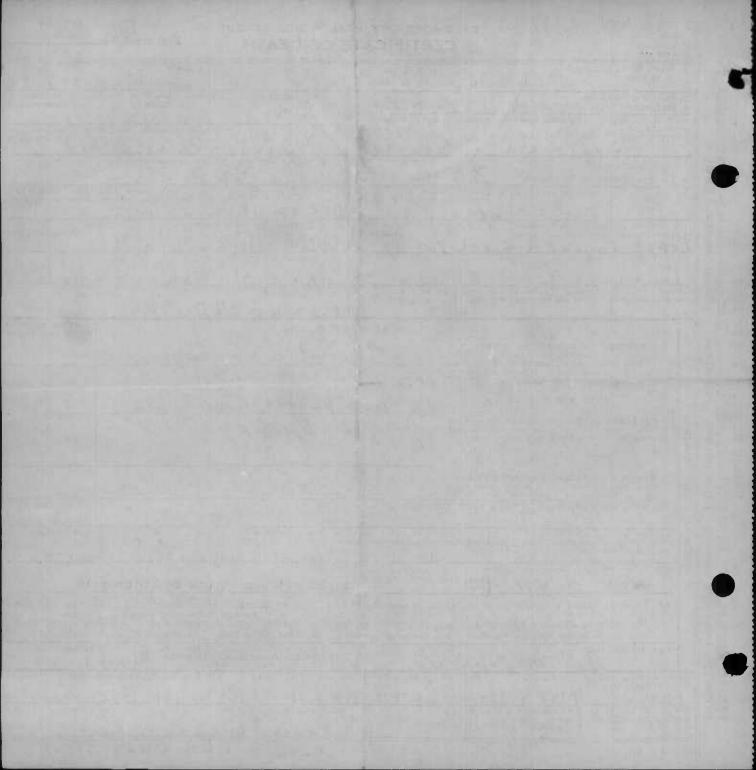
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (township) (If rural, give location) O. STREET ADDRESS Yrs. Mos. Poin TER c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year Is Under 24 Hours I Months: Days Hours Min. If Under 24 Hours should be 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) DEC. 22-1899 E 0 50 yro. 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? LUNCHE information c] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death HARLE S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO NTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH item DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION ITH NO EDICA 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? A. A. Co. Water Oak Pont and F Street 事士 Smallwood Rd 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 1950 Pedestrian struck by motorcycle 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry espe the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 'RITE is esp and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) -19 BURIA 50 EN GHWA DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Thurtington / Milails, M.3 VS 151



UNFADING INK. Every item of information should be. Physicians: please write the causes of death clearly and let

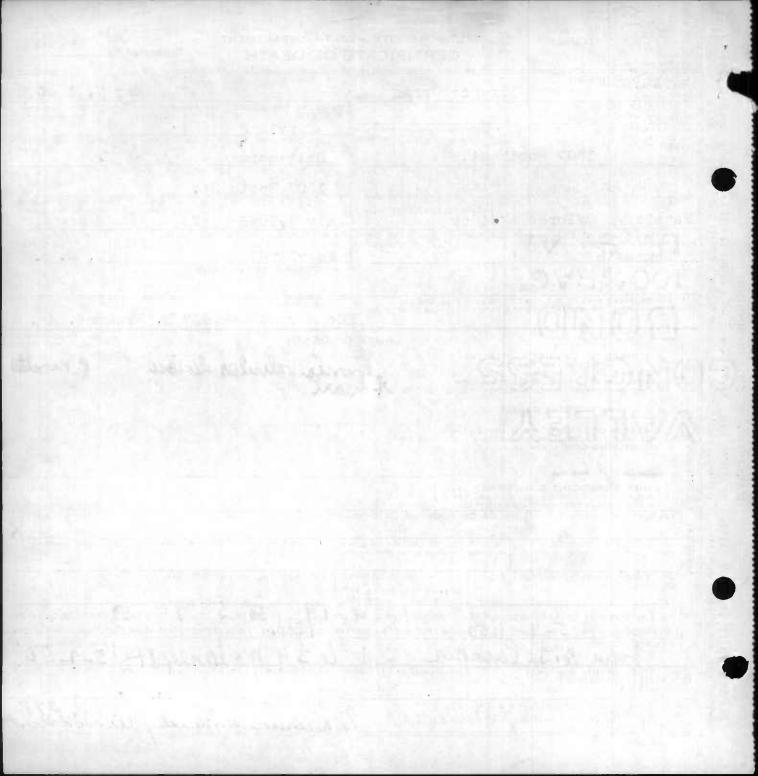
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PLEASE WRITE PL. correct age is especially

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DU 4640 BALTIMORE CITY HE						
BIRTH NO. CERTIFICATE	E OF DEATH					
1. NAME OF DECEASED (Type or Print) Florence Green	of May 7, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
00 1307 Booth St.	Baltimore 19-03 township)					
c. Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours					
Female Colored Widow (Specify)	July 4-1876 73 Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Domestic	Maryland U. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William Green 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	? Rozier					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	18s Mary Chase 837 N. Fremont. Av.					
	Parental perturbat					
	OF DEATH ONSET AND DEATH					
LEADING TO DEATH	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Chronic Iriliales slutes (This does not mean the mode of dying, e.g., (A)					
heart failure, asthenia, etc. It means the disease,						
injury or complication which caused death.) DUE TO CALLED ANTECEDENT CAUSES	part.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-						
(c)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
218. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in	YES NO No No 1 21c. WHERE DID (If in Baltimore City, give exact location)					
Z1A. ACCIDENT, SUICIDE. CONTROL OF INJURY (e. g., in about home, farm, factory, street, office bldg., e						
21p. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRI						
22. I hereby certify that I attended the deceased from $4-19$, 1950 to $5-7-$, 1950, that I						
deceased alive on 5 = 7 = 1950, and that death occur	rred at 500, m., from the causes and on the date stated above.					
	238. ADDRESS No Pareult 5-9-50					
24A, BUR/AL, CREMA- TION, REMOVAL (Specify) 24B, DATE 24C, NAME OF CEMETE						
Burial Mt. Auburn	Cem Baltimore, Md.					
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Motione A Housey W. Biddle of					
VS 150						



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PL	specially	
	Sp	

4249

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 4249

音		KIR NO.			
j.	1. (T:	ype or Print) MEADOWS Mrs Mary	B. 2. DATE OF MAYS	0	
supplied	A.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admis	ce ssion)	
ly su	HC	FULL NAME OF (If not in hospital or institution, give street address or location) SSPITAL OR location)	C. CITY OR TOWN . (If outside corporate limits, write RURAL and		
ely.	5.	Church Home & Hospilal Yrs.	D. STREET ADDRESS (If rural, give location)	nship)	
legil		Length of stay in Baltimore 63 Mos.	4008 Chesmont am		
and l	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3. AGE (In years it Under I Vear last birthday) Months: Days Hours		
on should clearly an	10. work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY		TRY?	
information s of death cle	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
orm	15	Chas W. Mutchell WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	amilia Maabee		
f infies of	(Yes	s, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
em of i			OF DEATH INTERVAL BET		
ry item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	nic Myseardilis Unknow	70	
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
. 0)	z	ANTECEDENT CAUSES			
70	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
ADI	141	(C)			
UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nal Hernia		
1	7	194. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPS	Y?	
WITH rtant.	OA	21A, ACCIDENT SUICIDE, 21B. PLACE OF INJURY (e.g., i	nor 21c. WHERE DID (If in Baltimore City, give exact location)		
LY, WITH important.	MEDI	21A. ACCIDENT SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, atreet, office bldg., i			
115		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
PL.		22. I hereby certify that I attended the deceased from	may , 1950, to 8 may , 1950, that I last sar		
RITE is esp		deceased alive on 8 may, 1950, and that death occur	rred at \$3.5 pm., from the causes and on the date stated at 235. ADDRESS. 230. DATE SIG		
S 0)		Richard M. Harrett M.D.	Church Home + Hosp 8 May 3	50	
ASE ect ag	TIC	AA, BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON REMOVAL (Specify) 5/11/50	vridge Soward Co. Md.	tatej	
PLEAS	48	ATE RECEIVED BY REGISTRAR'S GIGNATURE	25 FUNERAL DIRECTOR & Salt	0	
	-	VS 150	122a Ma		
		2450 25 50	1220		

sfully supplied.

UNFADING INK. Every item of information should be full Physicians: please write the causes of death clearly and legibly.

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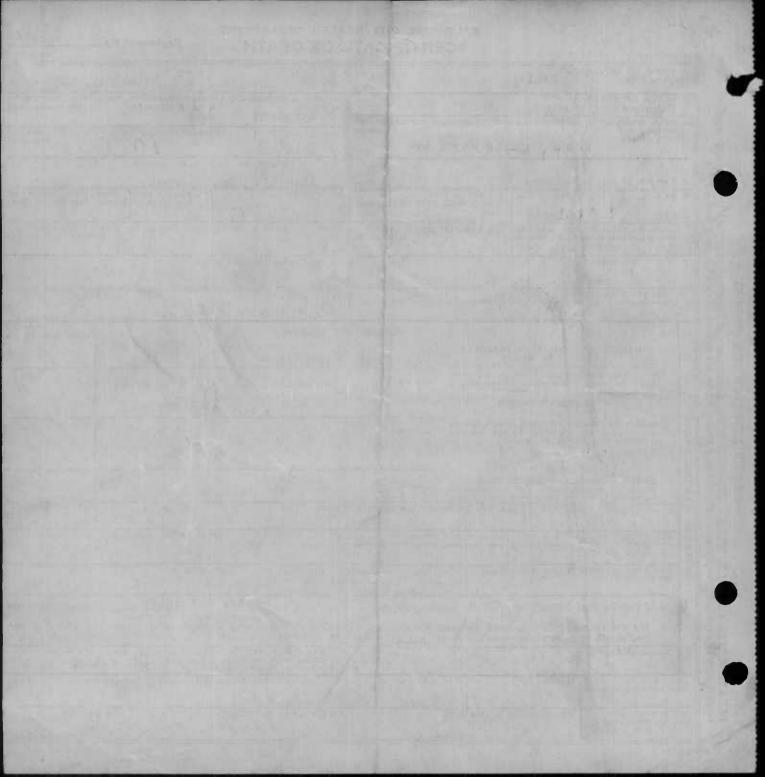
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	4250			CERTIFICATI	OF DEATH	Registered	No.	4230
BI	RTH NO.			OLIVIN TOTAL				
	NAME OF D ype or Print)	DANIEL DANIEL			CHASE	2. DATE OF DEATH	ay 4,	1950
Α.		City. Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived.		on: residence pefore admission)
H	FULL NAME OSPITAL OR STITUTION			on, give street address or location)	C. CITY OR TOWN	(If outside corporate lim	nits, write	RURAL and give township)
33	3	Johns Hopk	ins hos	-	Baltimore	/ 0	-06	
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS			
	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)		
	ale	Colored	Sin	ale	"1ay 1871	133		
		CUPATION (Give kind of prorking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)		TIZEN OF HAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN	NAME	-	
		round			unknow	n.		
15 (Yo	s, no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	mc Cou 10	ADDRESS	Eleni 9
ERTIFICATION	heart failu injury or DISEASE.	LEADING TO DEA; s not mean the mode of the, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e. g. ns the disease aused death SES F ANY, GIVIN STATING TH	(B)				
RTIF	OTHER SIGNIFICANT CONDITIONS CON-							
E	TO THE DISEASE OR CONDITION CAUSING IT.							
O.	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			D. AUTOPSY?
EDICAL	21A. EXTERN PRIMARY CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING DEATH.	21B. PLA about home, f	CE OF INJURY (e. g., îi arm,factory,street,office bldg.,	2 or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	ye, give exac	
M								
	the ev	idence obtained by	said Auto	psy, Inspection or 1	bove, held an Insp Autops nquiry, find that said A, accident , suice	deceased died on	the day	
	23A. SIGNA	TURE D. D.	Tul	emple M	23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	I EXAMINER	5-5-5	

LY, WITH I PLEASE WRITE PL

24A. BURIAL, CREMA TION, REMOVAL (Specify

PICAL 1158 DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1951 ADDRESS DIRECTOR



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before admission)

it Under 1 Year

ADDRESS

12. CLTIZEN OF

township)

If Under 24 Hours

Hours Min.

WHAT GOONTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY1

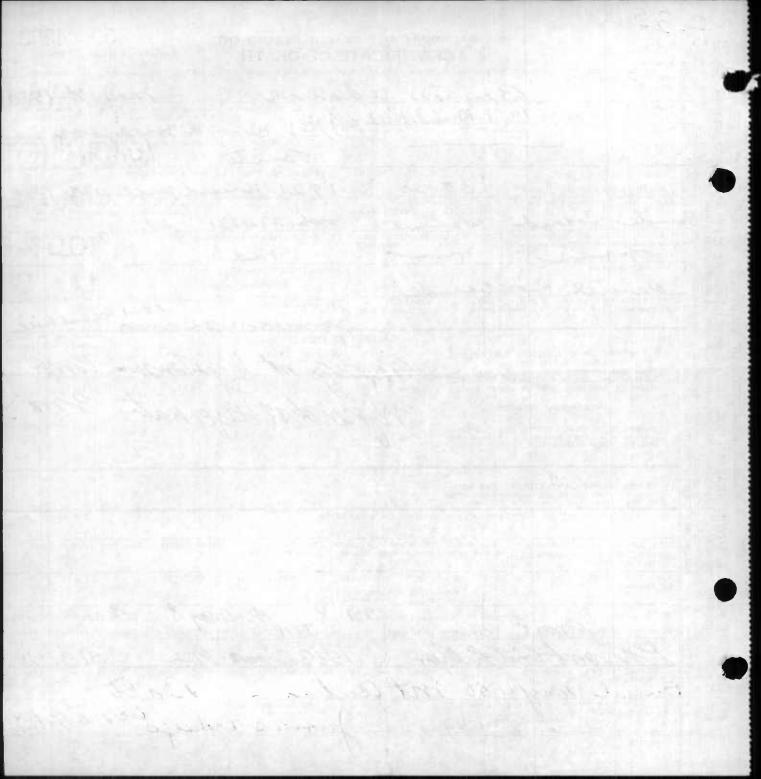
YES

19 That I last saw the

23C. DATE SIGNED

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plied. The 2	1. (T	7/3/	HEALTH DEPARTMENT ATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, 15) A. STATE B. COUNTY	8-1957
fully supplied.	125	M	c. CITY OR TOWN (If outside corporate limits, 13. 15. D. STREET ADDRESS (If rural, give location)	write RURAL and give
should be	5.	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp. A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 108. KIND OF BUSINESS OF INDUSTRIBUTION	last birthday) Mon L9. R 11. BIRTHPLACE (State or foreign country)	Inder I Year Hours Min. Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
DING nformation of death	15	. FATHER'S NAME Daniel WAS DECEASED EVER IN U. S. ARMED FORCEST , no or unknown) (If yes, give war or dates of service) SECURITY NO	14. MOTHER'S MAIDEN NAME 17. INFORMANT	DRESS
RESERVED FOR INK. Every item please write the can	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	sedf DEATH Alignment Hypertension remohor beginnat	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PERATION	
LY, WITH important.	MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6bout home, ferm, factory, street, office b	g., in or 21c. WHERE DID (If in Baltimore City, gi	YES NO
PLEASE WRITE PL. Correct age is especially in	TIC	2345 IGNATURE A. BURIAL, CREMA- N. REMOVAL (Specify) THE RECEIVED BY REGISTRAR'S SIGNATURE	HILE ORK 1950, to May 8, 195	57 9/50
E	-	VS 150	James aslayes	1. Telung

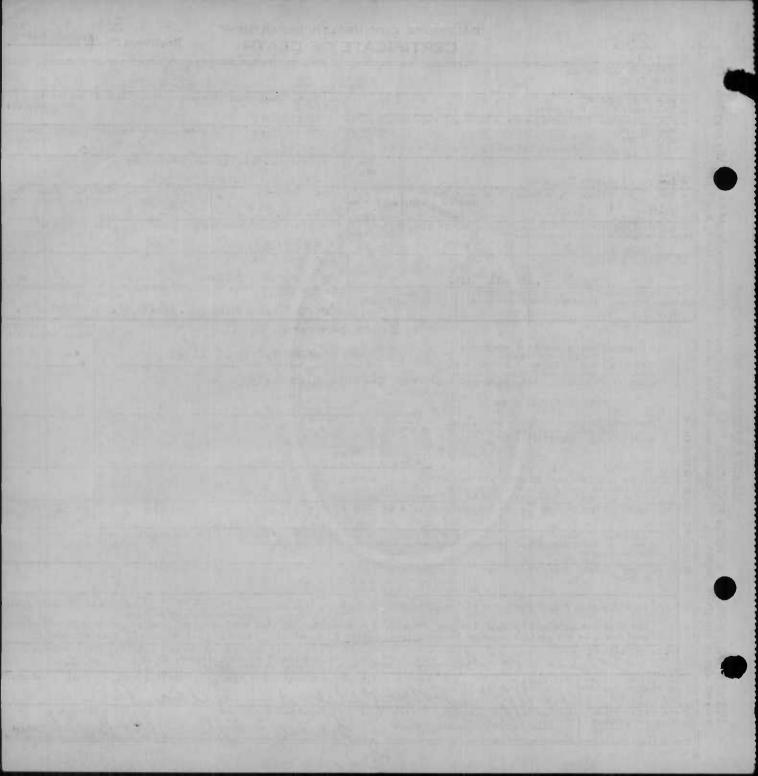


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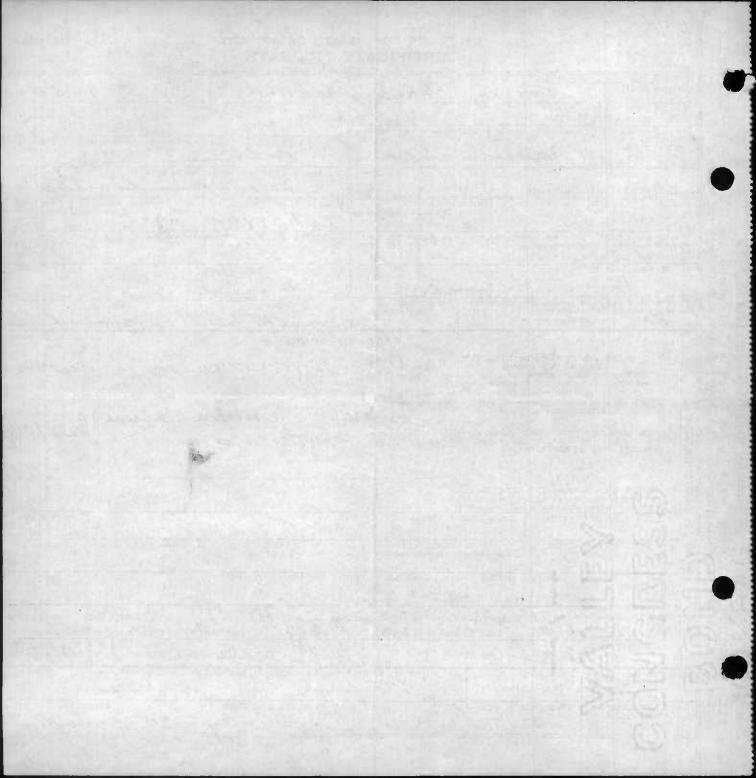
BALTIMORE CITY HEALTH DEPARTMENT

50 4253

-	2500			CERTIFICATI	E OF DEATH	Registered 1	10
	RTH NO.					La DATE	
(T:	NAME OF DI	FRA	.NK	DESC	CH, JR.		7, 1950
A.		ity, Maryland			4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)
H	FULL NAME OSPITAL OR			on, give street address or location)	c. CITY OR TOWN (If outside corporate limi	ts, write RURAL and give township)
3		Johns Hop	kins Ho	spital Yrs.	Baltimore D. STREET ADDRESS (I	f rural, give location)	06
		ay in Baltimore		Mos. Days	1618 N. Durha	am Street	
l l	sex Male	6.COLOR OR RACE White	WIDOW	married. Ed.Divorced (Specify) ngle	Nov.11,?1916	last birthday) Mo	If Under I Year on the Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	- LABONEI	1 40	C Mark	14. MOTHER'S MAIDEN	NAME	
		Frank J.De	sch Sr		Irene Jor	nes	
	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
(16	s, no or unknown)	(If yes, give war or date	s or service)	SECURITY NO.	Frank J.Desch	n Sr.1618 N	
	18. 58	1-1 1		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION	TH		degeneration of	fliver	,
	heart failu	not mean the mode re, asthenia, etc. It me complication which	ans the diseas	e, ahmaw	nic alcoholism		
		ANTECEDENT CAU	SES				
Z		OR CONDITIONS.			***************************************	***************************************	
RTIFICATION	UNDERLY	HE ABOVE CAUSE (A)	AST.				
FIC		11		(C)			
ERTI	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D			
Ü				FINDINGS OF OPER	ATION		20. AUTOPSY?
A P	OL: EVTERA	IN CALISE WAS	1 21a DI A	CE OF INITIDY (:	or 21c. WHERE DID	(If in Baltimore City,	YES NO L
EDICAL	PRIMARY CAUSE OF	IAL CAUSE WAS DR CONTRIBUTING [DEATH.	about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(II III Datumore Otty,	sive chace idealiony
Σ	21D. TIME (OF INJURY	Month) (Day) (Year		VHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUF	RY OCCUR?	
	22. I certif	y that I took cha		remains described a	bove, held an Al	itopsy	thereon and from
	the evi	dence obtained by	said Auto	psy. Inspection or I	Autopsy nquiry, find that said of K, accident , suicide	Inspection or Inquiry deceased died on the homicide	he day stated above,
	23A. SIGNAT		8.0		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER 2	5-8-50
24 TIG	AA. BURIAL. ON, REMOVAL (S	REMA- 24B. DATE	150	Mola MI		LOCATION (City, town	or county) (State)
	ATE RECEIVED	RAR TIME			25. FUNERAL DIRECTOR	1/20	Braduale
VS	HI J 10.	7			27	1007	The state of the s
11	- W - K			9887			1242



15	16	4254		BAI			LTH DEPARTMENT	Registered		1254
1	1.	NAME OF DECEASED pe or Print)	Tose	PH	TAMES	E	ARRELL	2. DATE OF DEATH	7	50
ully supplied y.	A.	PLACE OF DEATH: Baltimore City, Mary	land			A	. USUAL RESIDENCE (W. STATE			residence e admission)
ılly su	HC	FULL NAME OF (If no SPITAL OR STITUTION	1.	0	tion, give street addition loc	ation)	CITY OR TOWN (If	outside corporate li		(AL and give township)
fu escaly.		Length of stay in Bal	timore			Yrs. Days		rural, give location)	weet	To
should be early and l	5.	SEX 6.COLOR			E. MARRIED, VED, DIVORCED (Specify) 8	Date OF BIRTH	9. AGE (In years last birthday)		H Under 24 Hours Hours Min.
n shou learly	10 work	A. USUAL OCCUPATION done during most of working life, ev		10B. KINE	OF EUSINESS		BIRTHPLACE (State or fo	preign country)	12. CITIZE WHAT	N OF COUNTRY?
G mation eath c	13	FATHER'S NAME	7	Fice	and de de	1-	4. MOTHER'S MAIDEN N	AME R	,,)	
BINDING of information should ises of death clearly a	15 (Ye	. WAS DECEASED EVER IN E	J. S. ARMED I	FORCES?	16. SOCIAL SECURITY	NO. 1	7. INFORMANT	rell . 4113	ADDRESS	Lu Tti
R BI em of cause		18. 420 DISEASE OR COI	I DITION D	IDECT! V	^	JSE OF	BEATH		INTERV.	AL BETWEEN AND DEATH
E 43		(This does not mean heart failure, asthenia,	TO DEATH the mode of etc. It means	dying, c. s the disea	g., (A) Co	Ron	ary Occlu	sem	Dee	delen
02	z	injury or complicatio	NT CAUSE		h.) DUE TO	ad	io Vaseul	en Deser	se p	0
	CATIO	DISEASES OR COND RISE TO THE ABOVE O UNDERLYING CONE	CAUSE (A) S	TATING T		23	Syperture	· A	Joseph	4 1989
MARGIN UNFADING Physicians:	RTIFIC	OTHER SIGNIFICAN	II IT CONDIT	IONS CD	(C)					
	C	TRIBUTING TO THE DI TO THE DISEASE DR 19A. DATE OF OPERAT	CONDITION	DT RELAT	'ED	OPERAT	ION		20. A	UTOPSY?
VITH ant.	DICAL	21a. ACCIDENT, SUICII		218. PL	ACE OF INJURY	(e. g., ip p	21c. WHERE DID (If in Baltimore City	YES T	ND Ocation)
Y, WITH	MED	HOMICIDE (Specify)			farm, factory, street, office					
		21D. TIME (Month) (D OF INJURY	ay) (Year) (Hour) m.		WHILE WORK	21F, HOW DID INJUR	y occur?		
TE PLA especial		22. I hereby certify deceased alive on	hat I atte	nded the	e deceased from and that death	occurre	d a 6:02 Pm., from t	he causes and on	the date sto	
RI		234 BIGNATURE	Jake	en	D M.	D. 3	432 Trele		0/9	SIGNED
ASE age	71 TI	N. REMOVAL (Specify)	B. DATE	-50	24c. NAME OF CE	hedr	DR CREMATORY 24D. L	OCATION (City, to	vn, or county)	(State)
PLEASE correct a		CAL DECICEDAD	GISTRAR'S	d 25 :	URE LIVE ME	2	FUNERAL DIRECTOR	y Futta	Socran	theff
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE TONROE LILLIAN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years In Under 1 Year In Under 24 Hours Inst birthday) Months; Days Hours: Min. vavec 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTR WHAT COUNTRY? Loweeve 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no or unknown) (If yee, give SECURITY NO 4/1/Wm CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Descere. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, ebout home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 190 that I last saw the 22. I hereby certify that I attended the deceased from_ .. and that death occurred at 1113 M., from the causes and on the date stated above. deceased alive on . 195 224. SIGNATURE 238. ADDRESS 23C-DATE SIGNED oller W 24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

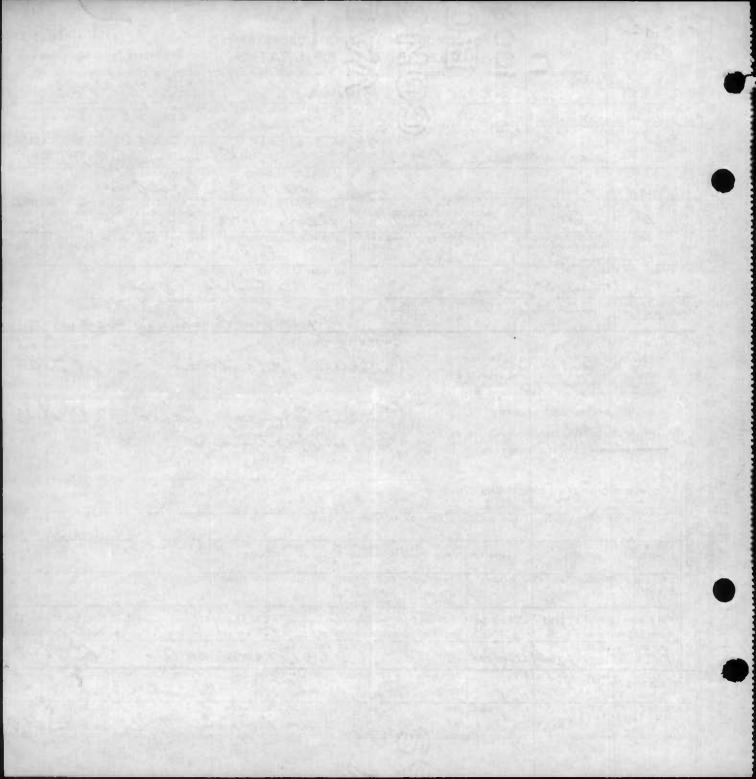
Laurela

24c. NAME OF CEMETERY OR CREMATORY

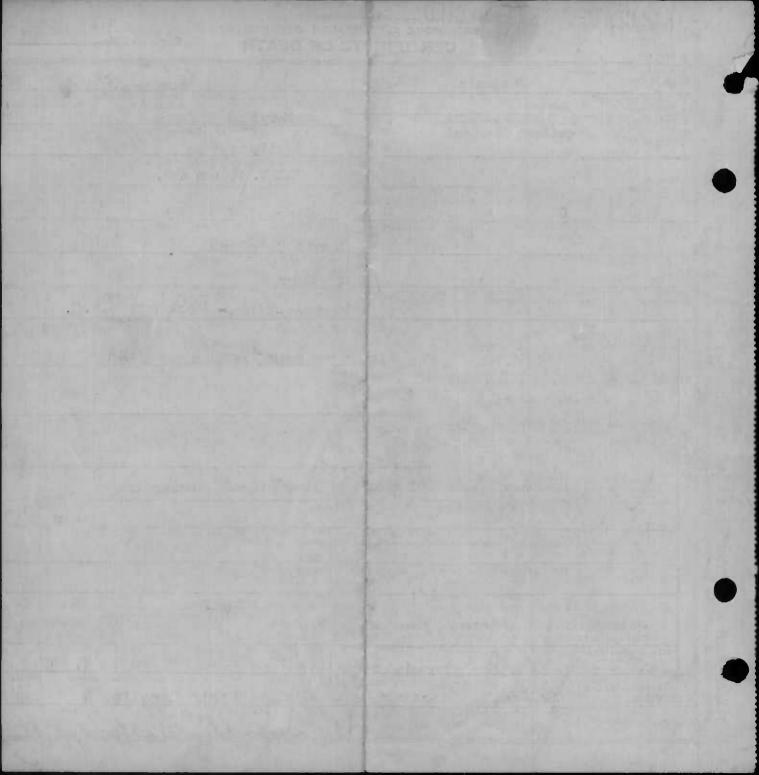
25. FUNERAL DIRECTOR

ADDRESS

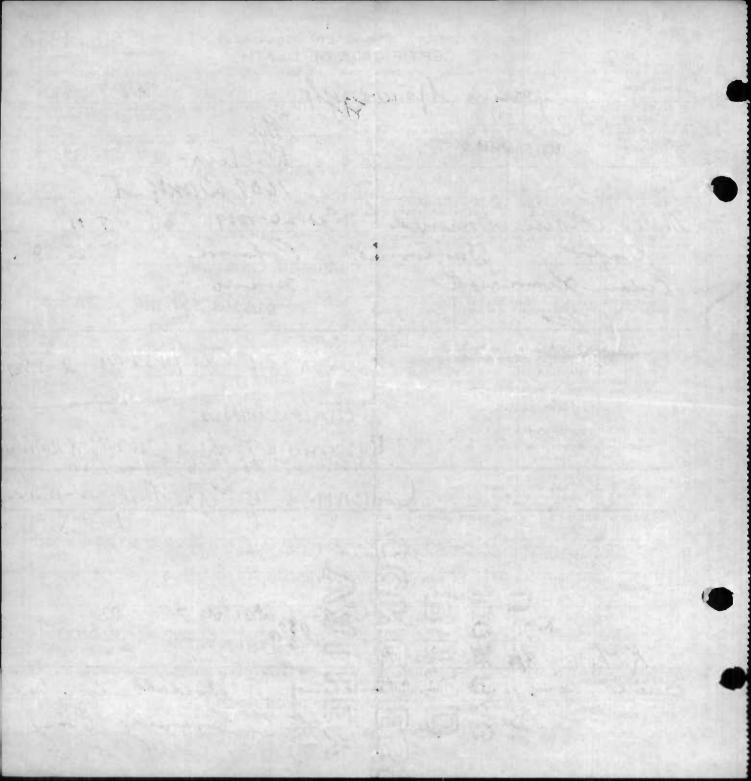
VS 150



CERTIFICATE CORRECTED 5-15-50 4256 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Benjamin DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence fully supplied. 3. PLACE OF DEATH A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give Provident Hospital C. CITY OR TOWN INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 811 N. Fulton Ave. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, 8. DATE OF BIRTH AGE (in years | 1 tinder | Year | 16 Under 24 House last birthday) | Months: Days | Hours: Min. If Under 24 Hours information should be of death clearly and l WIDOWED, DIVORCED (Specify M 22-6-10-19 2 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) irnett Beef North Carolina
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin Stelley, Sr. Mary BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Funeral HomeRESS Rockingham, N.C. HomeRESS (Yes, no or unknown) SECURITY NO. War #11 Watson-King item of n NTERVAL BETWEEN CAUSE OF DEATH 18 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Lobar pneumonia, left upper lobe (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-Cirrhosis of liver, Chronic alcoholism TRIBUTING TO THE DEATH, BUT NOT RELATED Lu TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION LY, WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING INJURY OCCUR? ā CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry WRITE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER age -M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY correct 5/8/1950 emova1 Rockinhham North Carolina DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS REGISTRAR I with a tor / whallands, Al VS 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied DEATH 3. PLACE OF DEATH . USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (M not in hospital or institution, give street address or HOSPITAL OR IS HOPEINS HOSPITAL location' C. CITY OF TOWN (If outside corporate limits, write RUBAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give lecation) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED B. DATE OF last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 11 clearly 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ost of working life, even if retired) INDMSTRY WHAT COUNTR information of death cle 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMA ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: UNDERLYING CONDITION LAST. ADING (C) RTIF ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. NO EDIC/ 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE TE Pi 1900 to 5. 7. 22. I hereby certify that I attended the deceased from V-19 Othat I last saw the m., from the causes and on the date stated above. RITE is esp and that death occurred at 9 deceased alive on. 23A. SIGNATURE 23B. ADDE 23c. DATE SIGNED 24A. BURIAL CREMA-TION REMOVAL Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY ADDRESS MANANIA VS 150



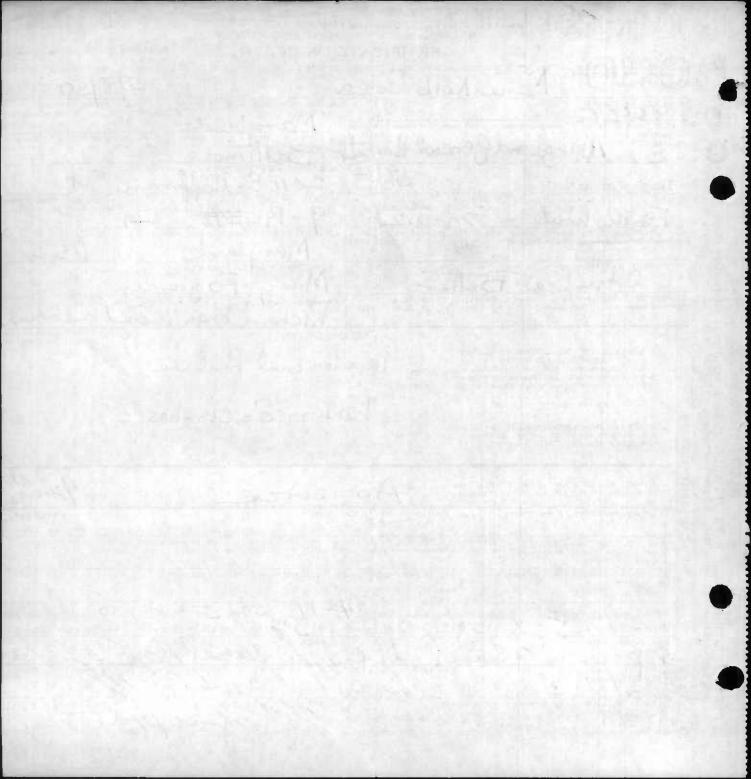
4258 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 7. fully supplied. Frank Hardests DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospitals RURAL -- Woodlawn on should be efu D. STREET ADDRESS (If rural, give location) Yrs. Mos. 8240 Ridge Rd. Woodlawn-Baltimore c. Length of stay in Baltimore Days 8. DATE OF BIRTH 887 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years it Under 1 Year last birthday) Months Days Hours Min. (1500 Divorced 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Chuinsyn Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hardesty Annie Addison 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Baltimore City Hospitals SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Lung (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. EDICAL Leaningian 14 man at 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially NOT WHILE 3-10-, 19 50 to 5-7-, 19 50, that I last saw the 22. I hereby certify that I attended the deceased from_ WRITE 1950, and that death occurred at 1:45P m., from the causes and on the date stated above. deceased alive on 5-7-238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 13. 5-8-1950 4940 Eastern Ave. age 24c. MAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-248. DATE DATE RECEIVED BY DDRESS FUNERAL DIREC REGISTRAR'S SIGNATURE LOCAL REGISTRAR ator Millianie, M VS 150 3568

BINDING

RESERVED

A DESCRIPTION OF THE PARTY

CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence refully suppliegibly. A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural Mos. c. Length of stay in Baltimore Days on should E GE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) last birthday) naulice 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information death 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO causes INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION HLI important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE TE P especian WORK AT WORK - 8 19 Shat I last saw the 22. I hereby certify that I attended the deceased from 1950 and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED arguer 24A) BURIAL, OREMA-TION, REMOVAL (Precify) 248. DATE 24C WAME OF CEMETERY OF GREMATORY 24D EOCATION (City, town or originally) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTO ADDRESS tutuator Milians, M LOCAL RECIETHAR VS 150



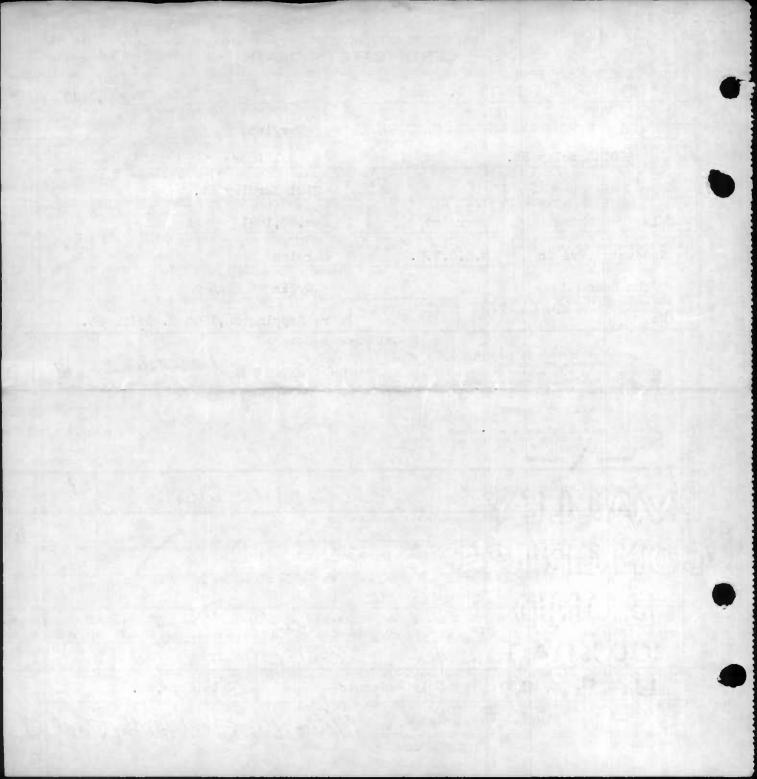
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	TE OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print) DAVID L. Hann DEATH May 9,							
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution : resi A. STATE B. COUNTY before ac						
HOSPITAL OR INSTITUTION location 2701 Barclay St.	c. CITY OR TOWN (If outside corporate limits, write RURAL	and g					
Yrs. Mos. Length of stay in Baltimore Approximation Days	2701 Banalan St						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Male White Married	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Un	der 24 Ho					
IOA. USUAL OCCUPATION (Give kind of or kind	11. BIRTHPLACE (State or foreign country) 12. CITIZEN						
John Hann	14. MOTHER'S MAIDEN NAME Lydia Hann						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs Sappington, 1500 N. Wolfe St.						
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	rcinoma of Mediastinum 7						
	Diatetes Mellilier ?						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUT	DPSY:					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING chout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR?							
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from deceased alive on Nay 6, 1970, and that death occurs. SIGNATURE	rred at 530 am., from the causes and on the date stated 23B. ADDRESS 23C. DATE 379 6						
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 5/12/50 Noly Redeem	ner Baltimore, Md.	(Stat					
DATE RECEIVED BY LOCAL REGISTRAR S SIGNATURES MAY 1 0 1950	25 Juneral DIRECTOR 1219 Stown	8					
VS 150	247 475	1					



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BALTIMORE CITY HEA DEPARTMENT

50 Registered No. 4261

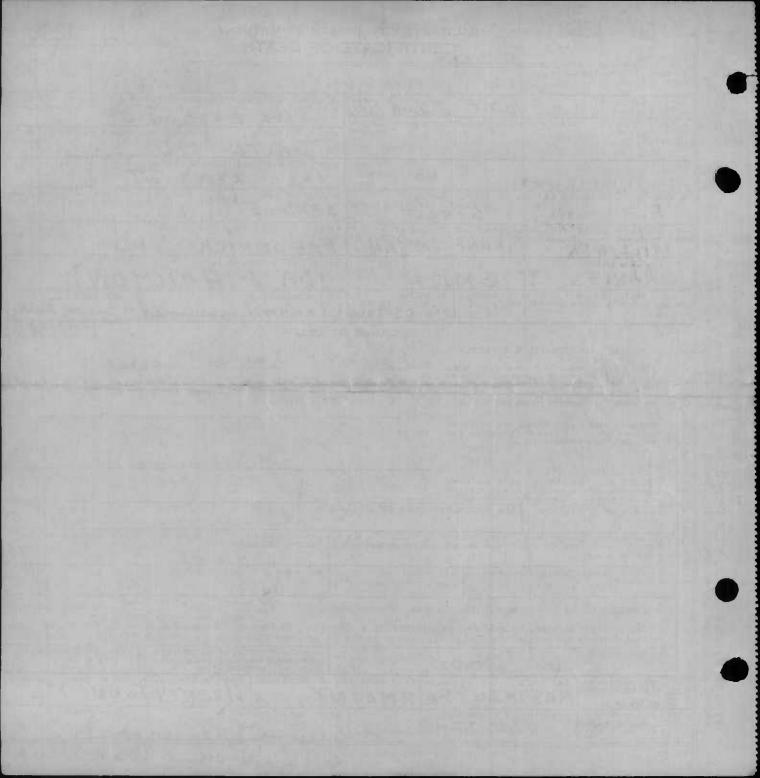
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ВІ	BIRTH NO.							
1.	NAME OF DECEAS	ED				2. DATE	1 14	
(7	SA:	muel:	TUCKER			DEATH 5/9	150	
	PLACE OF DEATH: Baltimore City, I				4. USUAL RESIDENCE A. STATE	B. COUNTY	nstitution : residence before admission)	
H	FULL NAME OF OSPITAL OR STITUTION	(If not in hospi	tal or institut	ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and g			
2	& Unive	RSITY	OF A	1 D. 1+05p.	Baltimore		township)	
				Yrs. 7 Mos.		If rural, give location)		
	Length of stay in		T =	Days		empill av	L	
	141 0	Unite.	WIDOW	E. MARRIED. /ED. DIVORCED (Specify) //ds/wed -	8. DATE OF BIRTH 1873	9. AGE (In years last birthday) Mor	Under I Year II Under 24 Hours this Days Hours Min.	
10 worl	A. USUAL OCCUPATION OF TURNER	TION (Give kind of	108, KINE	of Business or INDUSTRY	11. BIRTHPLACE (State or Rues		12. CITIZEN OF WHAT COUNTRY?	
	. FATHER'S NAME			- 0015	14. MOTHER'S MAIDEN		ODA.	
	Mayer Tuch	Zer			Etta. ?			
15	. WAS DECEASED EVE	R IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	ΔΓ	DRESS	
(Ye	, no or nuknown) (If y	es, give war or date	es of service)	SECURITY NO.	Sol Tucker 33	22 Hayward Ave	72,1200	
RTIFICATION	(This does not n heart failure, asth injury or compl	nenia, etc. It me ication which CEDENT CAU	of dying, e., ans the diseas caused death	ng (B) Hype		du-vareulai		
FIG				10 Ineu	morua - Jam	educe due 4	poer	
ERTI	OTHER SIGNIF							
Ü	TO THE DISEASE	OR CONDITIO	N CAUSING	IT				
DICAL	19A. DATE OF OPE	RATION	198, MAJOR	FINDINGS OF OPER	RATION		YES NO	
Ш	21A. ACCIDENT, S HOMICIDE (Spe	UICIDE, cify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)	
ZID. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT WORK MOT WHILE AT WORK AT WORK								
	deceased alive on 5/9, 1950, and that death occurred at 1950, to May 9, 1950, that I last sau							
	23A. SIGNATURE	4011	- 0		23B. ADDRESS U.D. Md	Hass	23C. DATE SIGNED	
2. TI	AA. BURIAL CREMA- ON REMOVAL (Specify) Buriel	248. DATE	121	24C. NAME OF CEMETE	RY OR CREMATORY 24D.			
D	Buriel May 10,1950 Mickro Kodesh Cong Cemetery Baltimore Md DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR ADDRESS // 26							

Deer The order is high care the date white my te; in your opinion, the underlying care of death Please indicate the.

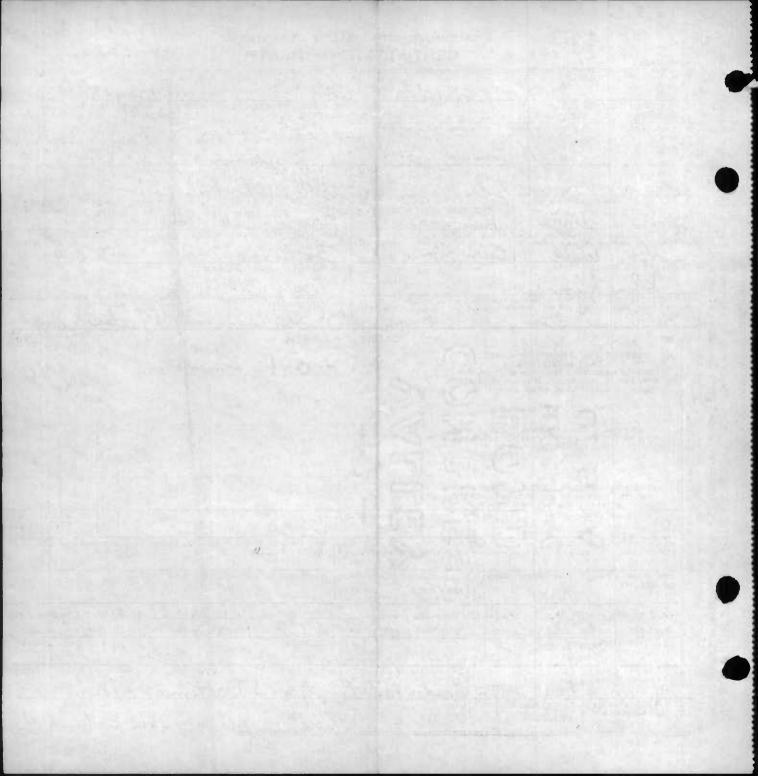
Letter in document file 50-4261-6/5/50

50 4262		EALTH DEPARTMENT	Registered N	2 4262
1. NAME OF DECEASED (Type or Print)	REIA Smith		2. DATE SEC	9
3. PLACE OF DEATH: A. Baltimore City, Maryland	02-E-22nd Ste	4. USUAL RESIDENCE (W		nstitution: residence before admiss
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	tal or institution, give street address o location		outside corporate limits MD · 12	write RURAL and
c. Length of stay in Baltimore	Yrs. Mos. Days	100 F. 72	rural, give location) N b S 7.	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 3 / N GLE	8. DATE OF BIRTH 1886	63	Under I Year it Under 24 nths Days Hours I
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired MILL/NER		FREDERIG	K Co-MD	12. CITIZEN OF WHAT COUNT
CHARLES J	SMITH	14. MOTHER'S MAIDEN NO.	AMMO	ND
15. WAS DECEASED EVER IN U.S. ARMI (Yes, no or unknown) (If yes, give war or da		17. INFORMANT Charles / Los		DORESS. Bru
DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which	DIRECTLY ATH of dying, e.g., ans the disease,	of DEATH any Vascula	Disease	INTERVAL NO ONSET AND ON
Z DISEASES OR CONDITIONS, O RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION A	(B) IF ANY, GIVING) STATING THE DUE TO			
O II OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPS
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		f in Baltimore City, g	ive exact location)
Z 1D. TIME (Month) (Day) (Yea OF INJURY	m. WHILE AT NOT WHILE m. WORK AT WORK	E	OCCUR?	
the cvidence obtained by	rge of the remains described y said Autopsy, Inspection or n resulted from: natural caus	Inquiry, find that said d	Inspection or Inquiry eccased died on th	_ thereon and f e day stated ab ndefermined [
23A. SIGNATURE	Donald	23B. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER 23 EXAMINER	C. DATH SIGNED
24A. BURIAL, CREMA, 24B. DATE TION, REMOVAL (Specify) MAY-1	24c. NAME OF CEMET	ERY OR CREMATORY 240. L	SERTY TON	
DATE RECEIVED BY REGISTRAL	s signature, Miliams, M	25. FUNERAL DIRECTOR	Punasa	ADDREG 4a
VS 151	1/00/0	5112 Hur	y Ba	les au



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	LEASL WRITE PL	report age is especially important

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	50 4263 BALTIMORE CITY HEALTH DEPARTMENT	4203
ВІ	RTH NO. CERTIFICATE OF DEATH Registered I	No
	NAME OF DECEASED VATILED INCE 2. DATE OF TO	0 10 =
	PLACE OF DEATH: Value of DEATH ATHERINE ARNES 4. USUAL RESIDENCE (Where deceased lived, M	
A.	Baltimore City, Maryland A. STATE (B. COUNTY)	before admission
HO	FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limit	s. write RURAL and gi
IN	514 N. Pulaski St. Baltimore 20-	0 2 townshi
	Yrs. D. STREET ADDRESS (If rural, give location) Mos.	
	Length of stay in Baltimore dill. Days 314-11. Sulaski 31.	
Fe	emale White. Widowed . May 17-1886 63	onths Days Hours Mi
10 work	A. USUAL OCCUPATION (Glvc kind of lob. KIND OF BUSINESS OR INDUSTRY) k done during most of working life, year lifetired) 108. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTR
12	FATHER'S NAME DUN HOME. Baltimore - Md.	U.S.A.
	John Lunch. Many Mc Hugh.	
15 (Yes	SECURITY NO.	DORESS
_	no no. none C. Milbert Carnes - 3141 fre	derick Ave 1
	18. 443X CAUSE OF DEATH	ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	54~
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	03
	ANTECEDENT CAUSES	
Z	(8)	
TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
RTIFICA		
E	II (C)	
CEF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
اد	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CA	The second of th	YES NO
ED	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, INJURY OCCUR?)	give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
		Shat I last saw t
	deceased alive on 7, 1950, and that death occurred at 12.m., from the causes and on t	
	23A. SIGNATURE 23B. ADDRESS	23C. DATE SIGNE
24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town	1//-
TIÇ	Burgal. May-11-1950 Loudon Park Compters. Baltimore-	md
	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
LC B	MAY 1 1 1950 Thittington Milianis, Mr. Charles J. Schwab- 3512-	Erederick A
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RE	ple
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	LY, WITH UNFADING INK. Every item of information should be cfully supplied. The mportant. Physicians: please write the causes of death clearly and legibly.
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	r, l
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4264 Registered No.

BI	BIRTH NO.							
1. (T	NAME OF DE	ECEASED				2. DATE		
		Christian G	eorge G	latthaar		DEATH May		
	Baltimore C	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)	
B.	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or				
IN	OSPITAL OR	7 71.	. 77	location)	-	0 0	nits, write RURAL and give township)	
3		Baltimore Ci	ty Hosp		Baltimore	20-0		
			- 10	Yrs. Mos.	D. STREET ADDRESS (II			
		tay in Baltimore	life	Days	2442 Frederic	I O ACE Un vone	M Linday 1 Voor M Linday 24 Moure	
		4.0	WIDOW	E. MARRIED. VED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.	
	Vale	White	Sing		Feb. 27, 1885	(65)		
work	k doneduring mosto	CUPATION (Give kind of of morking life, even If retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
12	Poper	Hanger	For	Self.	Maryland		4.5.A.	
13	FATHER'S N	NAME /	1 100		14. MOTHER'S MAIDEN N	2 .0		
10		Deceased) Pe		atthaar.	(Deceased)			
(Yes	5. WAS DECEASE	ED EVER IN U.S. ARMED	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltimor	e City Hospi	ADDRESS	
	no.	no.		none.	Records*Lough Fac	tern Ave	.te15	
	18. 15	3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION					011021 3110	
	(This does	LEADING TO DEA's not mean the mode of	of dying, e. s	g., (A)	bowel obstructio	n		
	heart failu:	ure, asthenia, etc. It mea complication which	ans the diseas	se.				
		ANTECEDENT CAUS						
Z					oma of the cecum	with genera	lized	
0		S OR CONDITIONS, I		NG metas	tasis	100000000000000000000000000000000000000		
AT	UNDERL	YING CONDITION LA	AST.	HE DUE TO				
RTIFICATION	STATE OF			(6)				
E	OTHER !	II SIGNIFICANT CONDI	TIONS CO	(0)				
Ш	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	ED				
U		OF OPERATION 1		R FINDINGS OF OPER	ATION		20. AUTOPSY?	
AL	1-15-50		T .	stinal obstruc		District Co.	YES NO	
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)	
ME	HOWIGIDE	(Specify)	anous mon.	arm, incom y, our out, out	INSUR! CCCO!			
4	21D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?		
	OF INJUR.		m.	WHILE AT NOT WHILE				
	22 I hereh	and that I at		-	-14 19 50 to . "	c 7 19	CO that I last says the	
	deceased alive on 5-3-, 1950, and that death occurred at 8:45 AM, from the causes and on the date stated above							
23A, SIGNATURE 23B, ADDRESS 23C, DATE SIGN							23c. DATE SIGNED	
	6. 6. 4940 Eastern Ave. 5-8-1950							
24	4A. BURIAL,	CREMA- 24B. DATE	(/	24c. NAME OF CEMETE		LOCATION (City, tow	vn, or county) (State)	
III	BUMAN (S	may-10	1950.	Western Cem	etery. 73	alteriore -	md.	
	ATE RECEIVED		S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
L	OCAL REGIST	RAR	in tous	Villiance, M. M.	Charles & Mch	-1- 3512-E	adorich Are.	
-	VS 150	00 1 , 2,,,,,,,	WATER	In over the last	July July	000 -0 -1	Della Maria	
	VS 150		and by	assembly themes 24	2 19		11/6	

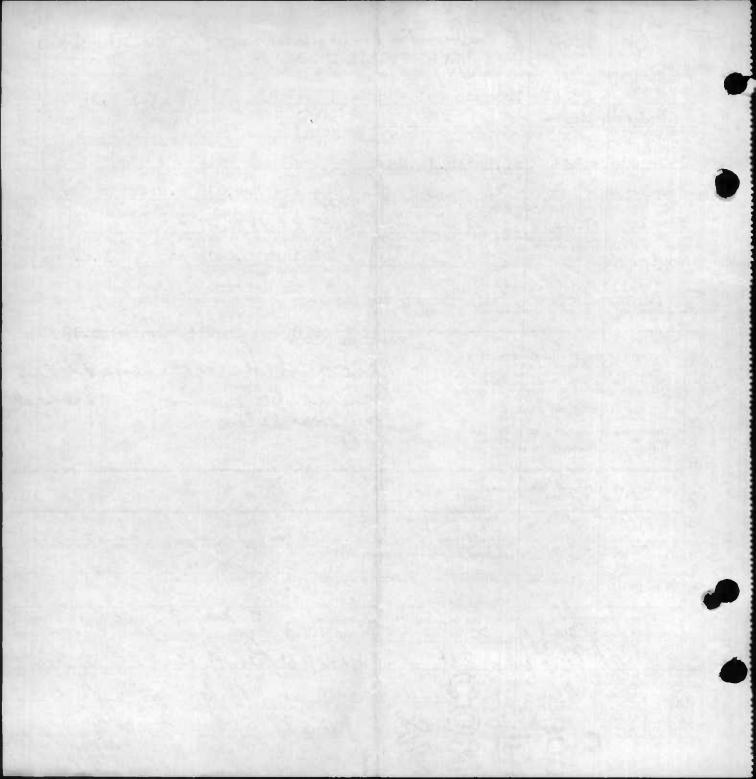
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BALTIMORE CITY HEALTH DEPARTMENT

50 4265

BI	IRTH NO. CERTIFICAT	E OF DEATH Registered No.
1.	NAME OF DECEASED Spe or Print) Bessie Thomson Goldsboro	ugh 2. DATE OF DEATH May 9,1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	3908 Cloverhill Rd., Falto. 18, Md Yrs.	Baltimore 2 /1-0/ township) D. STREET ADDRESS (If rural, give location)
C.	Length of stay in Baltimore 45 years Mos. Days	The Proster 010 E Proster Ct
	female white widow 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) Widow	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours Min. 7. Months: Days Hours Min.
rork	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13	Willard Thomson	14. MOTHER'S MAIDEN NAME Emma Harlan
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
_		Mary Galt G. Carroll 7908 Gloverhill Rd., Baltimer S., Merween
LIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yocardetis
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL	19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE	RATION 20, AUTOPSY7 YES NO
1EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from	
	deceased alive on May 8, 1950, and that death occu	rred a 3 A m., from the causes and on the date stated above.
	23A. SIGNAPOR M.D.	1408 Park are 5,9-50
TIC		ine Wilmington Del.
L	ATE RECEIVED BY REGISTRAR & SIGNATURE Thuttington Williams ALM	JEMUS HERETOR HONO CO
	VS 150	93 Hyos Vanka



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4266

he	В	IRTH NO.		CE	ERTIFICATI	E OF DEATH	registered r		
T	1. NAME OF DECEASED								
70	(T	Type or Print)	YEORGE	GEO	1Ach		OF	9-50	
supplied		PLACE OF D	EATH:	100	111-11	4. USUAL RESIDENCE	(Where deceased lived, lf		
dd		Baltimore City, Maryland			A. STATE	B. COUNTY	before admission)		
	B.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)				ANd Unga	e arundal		
fully ly.		ISTITUTION			zoca czon /	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
fu ly.	MERCY HOSPITAL Yrs. Mos.					D. STREET ADDRESS (If rural, give location)			
Sibl									
legil			Length of stay in Baltimore / MOS. Days				MN BEACH	7	
og p	5.	SEX	6. COLOR OR RACE	7. SINGLE, M	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year Il Under 24 Hours nths: Days Hours: Min.	
		M	W	MAR		April 2. 188	. / /	July Hours Mill.	
on should clearly an	10	A. USUAL OC	CUPATION (Give kind of		BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF	
lea	wor.	1	of working life, even if retired)	Sala - Gu	INDUSTRY	MARYIA	10	WHAT COUNTRY?	
nformatic of death	13	PATRICES	DAME	JEAF - GA	ALY DAC 1)	14. MOTHER'S MAIDEN		00.	
		Carrie	106	-01	/		I to to a fine		
	10	Jac		EKIAC	- 4	SOPHIA	HINKIE		
	(Ye	m, oo or uoknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	AL AL	PRESS	
es ses						Mrs anna &	erlach Cow	haltanBead	
ry item of in		18. 4L	12X		CAUSE	OF DEATH		INTERVAL BETWEEN	
		DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH	
		LEADING TO DEATH					1 un		
Every vrite th		heart failure, asthenia, etc. It means the disease,							
Ever		injury or	complication which	caused death.)	DUE TO				
Se.	-		ANTECEDENT CAUS	SES	100	10.16.7:	a product		
INK.	6	DISEASES OR CONDITIONS, IF ANY, GIVING							
	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Al Afendrative Cardia Due to							
DING	Ü				vaso	what rena	I deserve		
Dia	E		11		(C)				
UNFADING Physicians:	F	OTHER SIGNIFICANT CONDITIONS CON-							
UNF	N N	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Н.	L	19A. DATE	OF OPERATION 1	9B. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPSY?	
nt.	CAI	5 -	5-50					YES NO	
LY, WITH important.	l d	HOMICIDE	ENT. SUICIDE, (Specify)		OF INJURY (e. g., i		(If in Baltimore City, g	ive exact location)	
K,	Ш	HOMICIDE	(opecity)	obout nome, raim,	теског у, выгес, ошее виск.,	INSORT OCCUR!			
LX, imp	2		(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?		
M		OF INJURY WHILE AT NOT WHILE							
re pr especially	10	m. WORK AT WORK							
ped		22. I hereby certify that I attended the deceased from \$ -18, 1957, to 5 - 9, 1957, that I last saw the deceased alive on 5 - 9, 1957, and that death occurred at 3 20 mm., from the causes and on the date stated above.							
		deceased a	live on 3-7	_, 19 and	that death occur	rred at 3 Pm., from	n the causes and on th		
		23A. SIGNA	TURE IN T			3B ADDRESS		23C. DATE SIGNED	
age	2	AA BIIRIAI	CREMA- 24B, DATE	1345	M. D.	DY OR CREMATORY 24	LOCATION (City town		
	Ti	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (City, town, or county) (State)							
4.0	1	Surve	W May 13	-1450 W	modaw	nelem Wil	ndrow Will	Works	
PLEAS		ATE RECEIVE	PAD	S SIGNATURE	Miaura M. P.	25. FUNERAL DIRECTO	OR	ADDRESS	
H 0		MAY 10	1950	Thurston !	Andrew Inter-	Les Selesoch	703. Walters	on Park are	

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UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly.

important.

PLEAS WRITE PL

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4267

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered 1	No
1. NAME OF DECEASED (Type or Print)	NIEVAN DER		2. DATE OF	6-16-62
3. PLACE OF DEATH: A. Baltimore City, Maryland	ALEXAN DER	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street address or location)		A UD f outside corporate limit	s, write RURAL and give
19 DOCTORS	40SPITAL Yrs.	BALTI MO	RE frural, give location)	township)
c. Length of stay in Baltimore	10 YEARS Mos. Days	10 1	URHAM	5+
	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year If Under 24 Hours on the Days Hours Min.
	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	RISING SI	UN MI	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16. SOCIAL	Umanda	Long	
(Yes, no or unknown) (If yes, give war or dates of a	SECURITY NO.	Viola Stan	ley 2622 E.	Biddle St
18. 422.1	CAUSE	OF DEATH	0	INTERVAL BETWEEN
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy	ing, e. g., (A)	rdiae may	Mreany	36 ls
heart failure, asthenia, etc. It means the injury or complication which cause				
ANTECEDENT CAUSES	Se	118 4 P & D (Ciferencles	4.5
O DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING TING THE DUE TO		oyourios	
UNDERLYING CONDITION LAST.				
11				
OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAI	RELATED			
	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING	1B. PLACE OF INJURY (e. g., ir out home, farm, factory, atreet, office bldg., e		(If in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Year) (Ho OF INJURY	ur) 21E. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I attend		1945, to J	,	o, that I last saw the
deceased alive on 19	and that death occur	red at Pm., from	the causes and on t	he date stated above
1 2000	1 - 4 -	ME ENVITE	Do	579/17)

24c, NAME OF CEMETERY OR CREMATORY

25. FUNERAL

VS 150

24A. BURIAL CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

24B. DATE

May 1 1970 Int (
REGISTRAP'S SIGNATURE

Thurting for Mining

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24D. LOCATION (City, town, or county)

DIRECTOR

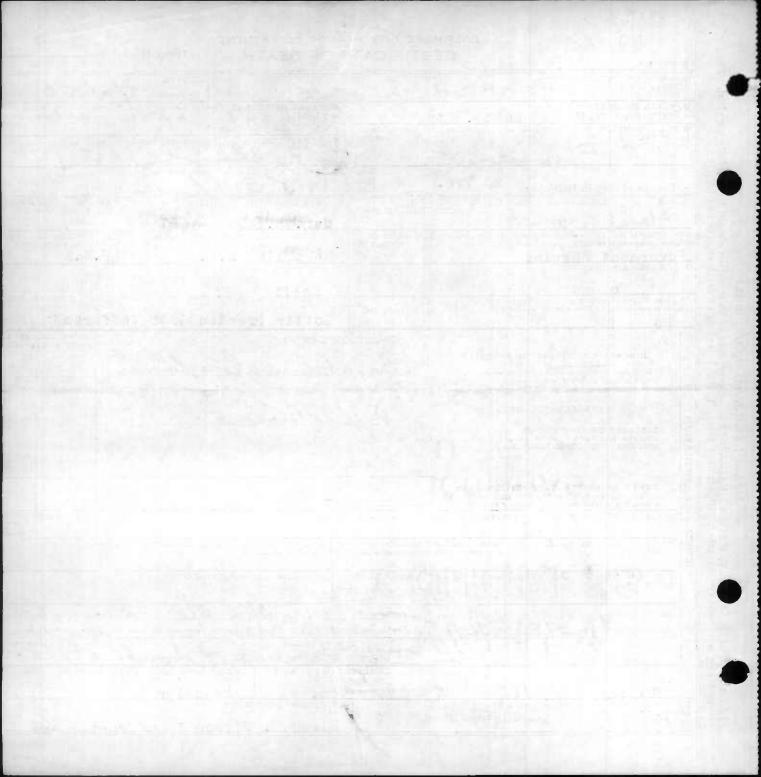
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.

BIRTH NO.						
	George 2. DATE OF DEATH 5/6/50					
a. Baltimore City. Maryland Balto City B. FULL NAME OF (If not in hospital or institution, give street)	A. STATE B. COUNTY before admission)					
HOSPITAL OR INSTITUTION Provides &	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
c. Length of stay in Baltimore 25 Yre.	Yrs. Mos. Days 1915 E. (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIET WIDOWED, DIVOR	B. DATE OF BIRTH SCED (Specify) 8. DATE OF BIRTH Size birthday) Mar. 28. 1893 9. AGE (In years if Under 1 Year Months Days Hours Min.) 57					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Service	NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Unkown	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	Dellie ? 17. INFORMANT ADDRESS Lottie Breeden 1925 Jefferson St					
18. 592X	CAUSE OF DEATH					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Hypertension					
TO THE DISEASE OR CONDITION CAUSING IT.	S OF OPERATION 20. AUTOPSY?					
N C C C C C C C C C C C C C C C C C C C	YES NO					
V 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, str	JURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location) irect, office bldg., etc.) INJURY OCCUR?					
	NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 4/29 1950, to 5/6, 1950, that I last saw the deceased alive on 5/5, 1950, and that death occurred at 3 Am., from the causes and on the date stated above.						
23A. SIGNATURE H. Holmes I	LM. D. Provident Hosp. 23c. DATE SIGNED					
TION, REMOVAL (Specify)	OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTS MAY 0 1950	25. FUNERAL DIRECTOR ADDRESS					
VS 150	Elroy O. Wilson IOOO Brantly ave					

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INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county) Baltimore, Md. ADDRESS

May 7, 1950

12, CITIZEN OF

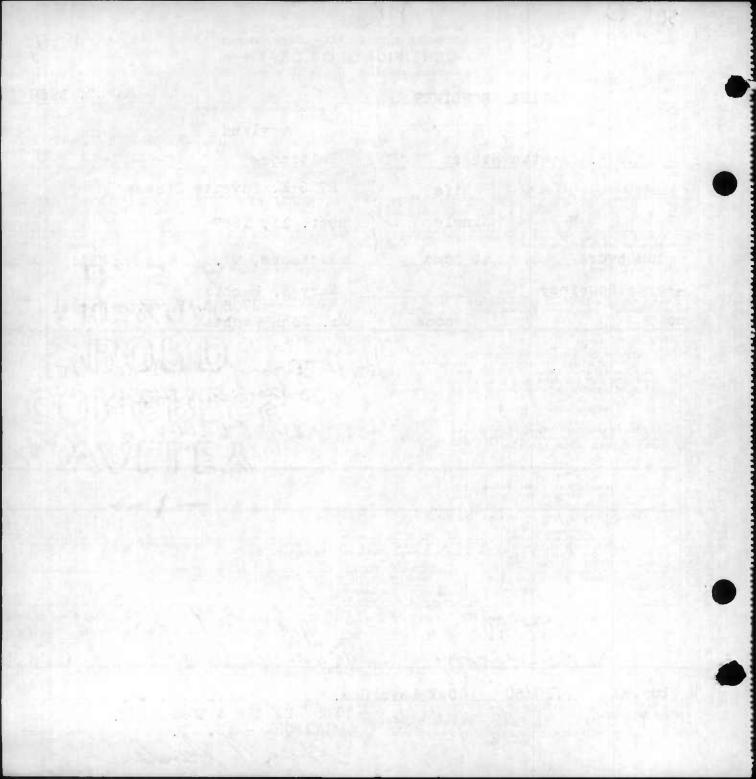
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WHAT COUNTRY?

before admission)

FOR RESERVED MARGIN

VS 150



WRITE a

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

MAY 1 0 1950

burial

VS 151

24B. DATE

(If in Baltimore City, give exact location) 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME O CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore National Baltimore, cem. Md. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR SAN DER & SONS

before admission)

12. CITIZEN OF

USA

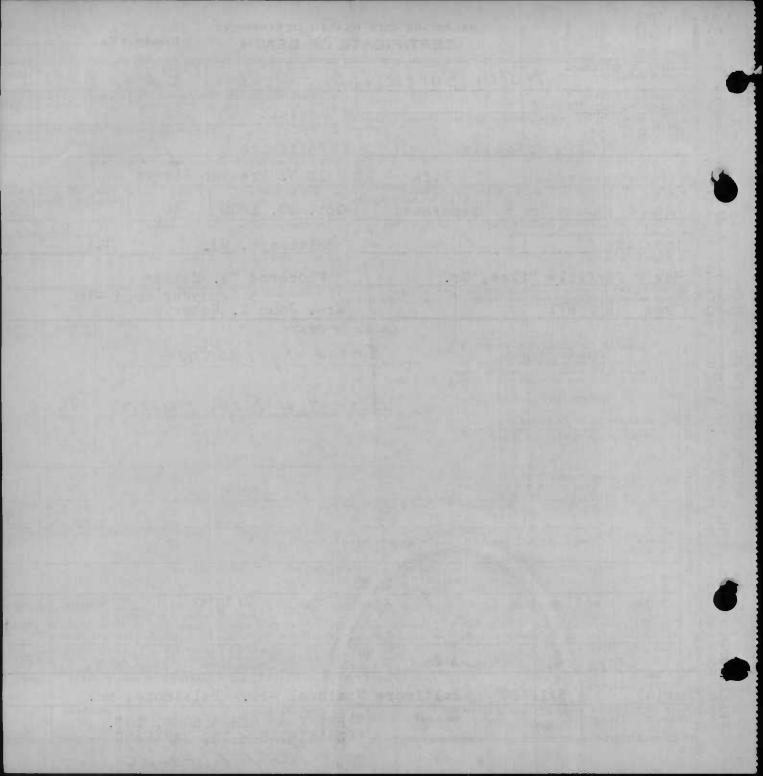
WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

township)



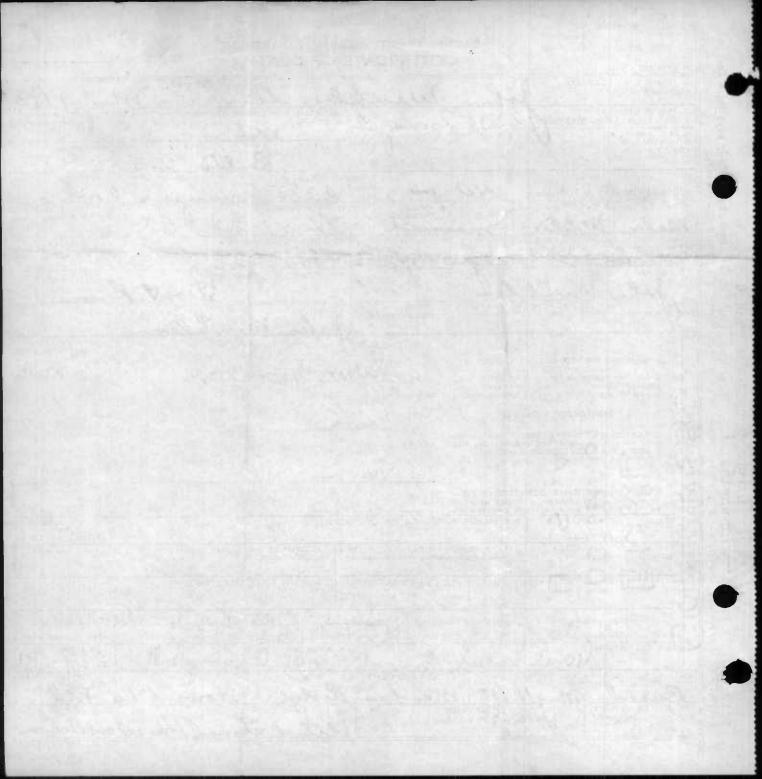
ion sh	clea_	Drk.	A. USUAL OCCUPATION (Give kind of done during more) working life, even if retired) Meshaue FATHER'S NAME	Tefener	11. BIRTHPLAC
NG	dear	15.	John Winhled		14. MOTHER S
	0 0		WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	Informan Julea
item	can	1	18. 289.2	CAUSE	F DEATH
	write the causes		DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused desirable.)	e. g., (A) AQV	moche
1	9		ANTECEDENT CAUSES	- Vur	ne
PH	is: please	٤١	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	VING THE OUE TO	
RG]	Clan			(c)	
MARGIN	Physicians:	4	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE OFATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TEO	
		1	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION
гх, мітн	nportar			LACE OF INJURY (e. g., in ee, farm, factory, street, office bldg., e	
			210. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW
WRITE PI	especia		22. I hereby certify that I attended the deceased alive on 14, 19		2 1 1/
WRI	age 1s		23A. SIGNATURE YOUR CON	M.O.	3B. ADDRESS
1	ect a	110	REMOVAL (Sprify) May 12/50	Meadow	RELIGI
PLE	Loc	DA LO	CAL REGISTRAR REGISTRAR'S SIGNATURE	Williams, M.	25. FUNCIAL I
	=	141	VS 150	33	6 ×6

4272

50 Registered No... 4272

ВІ	RTH NO.	CERTIFICAT	E OF DEATH		
	NAME OF DECEASED pe or Print)	Wink	ler de	2. DATE OF DEATH	Nan 9/50
	PLACE OF DEATH: Baltimore City, Maryland 2233	-0	4. USUAL RESIDENCE		If institution: residence before admission)
В.	FULL NAME OF (If not in ospital or institu	tion, give street an ress or			E-V
IN	STITUTION	D'eation)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township)
-07		Yrs.	o. STREET ADDRESS	(If rural, give location)	A) 3
С.	Length of stay in Baltimore 40	Mos. Days	2235 a	and a Original	Roll
	SEX 6. COLOR OR RACE 7. SINGL		8. DATE OF BIRTH		If Under I Year If Under 24 Hours Ionths; Days Hours; Min.
Y	Tale While me	arried	Let 3/88.	2 68	
werk	A. USUAL OCCUPATION (Give kind of done during more of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	n Referen	14. MOTHER'S MA DEN	NA S	
	John Winkley		14. MOTHER SIMPLE	Don't	Erran.
15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	Informant Julea We		ADDRESS
	18. 289.2	CAUSE	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Han		7	22115
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	ise,	W COMP	(C) -	3 Manag.
	ANTECEDENT CAUSES	2			
O	DISEASES OR CONDITIONS, IF ANY, GIVI	(B)		***************************************	
ATI	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	THE OUE TO			
RTIFICATION		(c) ~~	re.		
RTI	OTHER SIGNIFICANT CONDITIONS CO				
G	TRIBUTING TO THE OEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	reo			
اد	19A. DATE OF OPERATION 19B. MAJOF	R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE. 21B. PL	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
		, farm, factory, street, office bldg.,			
Σ	210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJ	JRY OCCUR?	
	m.	WHILE AT NOT WHILE		.0	
	22. I hereby certify that I attended the	dcceased from	1956, to	Pag 9, 198	0, that I last saw the
		and that death occur		n the couses and on	the date stated above.
	23A. SIGNATURE	M.O.	DON ON	Il dogen	30. PATE SIGNED
24	A. BURIAL, CREMA- 24B. DATE		RY OR CREMATORY 240	D. LOCATION (City, town	n, or courty) (State)
	Burel May 12/50	Meadow	Redge ;	Howard C	o med
LC	TE RECEIVED BY REGISTRAT'S SIGNAT	Yelliaus ME	25. FUNERAL DIRECTO	R	ADDRESS
N	CAL REGISTRAR AY 1 0 1950	July.	Ulluf Fre	ned Homeo	2008 Unlan
"	VS 150	33	36 × 6		66B

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



	<	5-16	00									50	40ma
1	~	En	A	273	ВА				DEPARTME				4273
The	BIRT	H NO.				CERTI	FICATI	E OF	DEATH		Register	ed No	
	1. N (Typ	AME OF D	ECEAS		rine.	Schafe	=1- (V.)			ATE. OF ATH	5-8	- 195
plie		ACE OF D			13014	a m	d	4. USU.	AL RESIDENCE	CE (Where de			tution : resid
ins	B. FL	LL NAME		If not in hospi	tal or institu	tion, give stre	eet address or location)		12017	MORE	_	. 33	
refully supplied		TITUTION	54.	Agre	s Ho	Spita	/ location)	c. CITY	Balti		corporate	limits, wr	O 7 to
rei					3.74-36	1	Yrs. Mos.	D. STRE	ET ADDRESS		ive location	5)	
	c. I.			Baltimore			Days	31	35/=	relmon	it r	412	•
uld h		ale	Whi	or or race		.E, MARRIEI WED, DIVOR			18.1875		E (In year it birthday)		Days Hour
should learly ar	10A. work do	USUAL OC	CUPAT of working OMO	ION (Give kiedo life, eveo if retired	1 108. KIN	D OF BUSIN	NESS OR INDUSTRY	II. BIRT	HPLACE (Stat	e or foreign co	ountry)		CITIZEN C
tion th c		ATHER'S							HER'S MAIDI	EN NAME	18		
NDING information s of death cle		N	lot I	Known					Sarah M	oseman			
BINDING of inform uses of dea	15. \ (Yes, o	VAS DECEASI	ED EVER	IN U. S. ARME	D FORCES?	16. SOCI.	AL RITY NO.	17. INFO	DRMANT			ADDR	ESS
R BIN em of i causes	T	10				none	N	rs.Do	orothy	E. Carr	011 3	135	Belmor
ARGIN RESERVED FO ADING INK. Every it icians: please write the	FICATION	heart failu injury or DISEASE: RISE TO T	ANTEC	ean the mode enia, etc. It me- eation which EDENT CAU DNDITIONS, VE CAUSE (A) ONDITION L	ans the disea eaused deat SES IF ANY, GIVI STATING T	se, h.) DUE T	PUL. BIL	MON		SEAS G E MEM AANN CL	OPN	810 P.	RYEN LEUR,
MAN NF	ERTI	TRIBUTING	TO TH	II CANT COND E DEATH, BUT OR CONDITION	NOT RELAT	ED	his	OCA	101100		pre)	rios	(our
_	0 -	9A. DATE C				-	S OF OPER	ATION					20. AUTO
WITH rtant.	OA -			7		105.55.00		1.01-		(74 1 7)	1		YES C
		21A. ACCIE LYING OF CAUSE OF	R CONT	AS UNDER- RIBUTING	ebout home	ferm, factory, st	IURY (e. g., iz reet, office bldg., e	tc.) INJU	WHERE DID JRY OCCUR?	(If in Ba	Itimore Ci	ty, give	exact location
NLY,	2	1D. TIME F INJURY	(Month)	(Day) (Year) (Hour)	WHILE AT WORK	NOT WHILE	ED 21F.	HOW DID IN	JURY OCCL	JR?		
Pecia	1	2. I hereb	u certi	fy that Lat				114		0 5/	8 1	96 0 th	at I last s
TE	0	leceased a	live on					red at 8	:00 Pm., fr				
WRITE P	2	3A. SIGNA	TURE	1/ 2	/	11		3B. ADDR	RESS		11	23	3C. DATE S
age	24A.	BURYAL,	CREMA-	24B. DATE		24c, NAME	OF CEMETE	RY OR CR	EMATORY 2	4D. LOCATIO	ON (Coy, t	own, or	bunty
ASS Sect 2	Bur	BENEVAL (S	specify	5-12-50		New C	athedr	al		Baltime			Md.
PLEAS correct		E RECEIVE		REGISTRAR	S SIGNAT	URE ULLEN	MAR		ERAL DIREC		N 110 00		DRESS
	MA	1015	וטט		3	सुआ ग्री गरी	The P	3 WOII	ard Str	ongszo'	/ W.N	orth	Ave.,

50 4273 gistered No. ed lived. If institution: residence before admission) porate limits, write RURAL and give township) location) in years Il Under 1 Year If Under 24 Hours Months Days Hours Min. thday) 12. CITIZEN OF WHAT COUNTRY ry) ADDRESS 1 3135 Belmont A INTERVAL BETWEEN ONSET AND DEATH CARRIO LEURAL PNEUMINIM -05 10810 20. AUTOPSYT YES NO ore City, give exact location) , 1960, that I last saw the and on the date stated above.

(State)

Md.

Pour 2 The der a who can. of duthdata is a rated become ne conserteer which may be, orn your openers, the intulying carrie of death. Pleasure endut the . De Dommert File 50 -4273 6. 26.50 80 · ITA STORES TO LUCY ON A CHARACTER

M.	-3	6	0
10	50		4274

50.	4274

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BIRTH NO.	4674	C		E OF DEATH	Registered	d No.
1. NAME OF I (Type or Print)	DECEASED ELI H	ENRY NUTT	ER		2. DATE OF DEATH	ay 9, 1950
	City, Maryland OF (If not in hospi	tal or institution	give street address on	4. USUAL RESIDENCE A. STATE		
HOSPITAL OR	US Marine Pk. Drive & 3	Hospital	location)			mits, write RURAL and give township
	stay in Baltimore	51 day	Yrs. Mos. Days	D. STREET ADDRESS ()	If rural, give location)	
S. SEX	6. COLOR OR RACE		MARRIED, D. DIVORCED (Specify)	3/1/85	9. AGE (In years last birthday)	M Under I Year II Under 24 Hours Months Days Hours Min.
10A. USUAL OF work domeduring most Dredge	CCUPATION (Give kied o of working life, even if retired MAN)	F BUSINESS OR	11. BIRTHPLACE (State or - Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S Sid N	utter			Maria Corws		
15. WAS DECEAS (Yes, no or uokoown ?	(If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US 1	Marine Hospi	ADDRESS tal, Balto, Md.
(This doe heart fail injury of the control of the c	SE OR CONDITION LEADING TO DEA so not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L SIGNIFICANT CONE	ATH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING) STATING THE AST.	DUE TO bila	nous carcinoma, reterally inguinal ric nodes, prima undetermined	and hypo-	2 yrs.
O TO THE	DISEASE OR CONDITION	N CAUSING IT.	INDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACI	E OF INJURY (e. g., ion, factory, street, office bidg., e	o or 21c. WHERE DID total INJURY OCCUR?	(If in Baltimore City	y, give exact location)
21D. TIME OF INJURY 22. I here	by certify that I at	m. white	E. INJURY OCCURRILE AT WORK AT WORK	19 19 50 to	May 9 , 15	50, that I last saw th
24A. BURIAL. TION: REMOVAL (DATE RECEIVI LOCAL REGIS	Wilson Medi CREMA- Specify) 248. DATE 5-14 ED BY REGISTRAR	cal Dire	Ctor M.D. U	Tred at 10 A m., from 3B. ADDRESS S Marine Hospita RY OR CREMATORY 246. 26. FUNERAL DIRECTOR OTTELLIS		23c. DATE SIGNED 5/10/50 wn, or county) (State) ADDRESS
VS 150	50	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Correction &	· volvadel	Bivalve, Md.

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		Andrew St. Commission - W. C.
	The same states	Yourid Site
* *	STATE OF STREET	
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En avier en la company		

MARGIN RESERVED FOR BINDING

5-620 50 4275		EALTH DEPARTMENT 592 X Registered No	275
1. PLACE OF DEATH: (a) Baltimore City, Maryland		2. USUAL RESIDENCE OF DECEASED:	
(b) Street address (c) Hospital or institution:	Ruttus	(c) City or town (If outside city or town limits, write RURAL	and give town)
(d) Length of stay in hospital or inst. (e) Length of stay in Baltimore (yrs., r		(d) Street No. (If rural give location) (e) Citizen of foreign country? (If yes, name country)	
3 (a) FULL NAME Harlin NA		PER CONTRACTOR SECURIOR DE LA	FEEL OF T
	3 (c) Social Security Account	MEDICAL CERTIFICATION	30
	No.	20. DATE OF DEATH 5 9 1950,	at 2 A.M
4. Sex 5. Color or race 6 (a) divorce 6 (b) Name of husband or wife Mun	Widnil	21. I certify that death occurred on the date above stated ed deceased from 1945 to 57 and that I last saw h alive on 579 195	9 1950.
	If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr	.) Du 25: 1892		2 most
8. AGE: Years Months Days	If less than one day	(unelinia)	,
57 54	hr. min.	Due to	
	A_C . county, and state)	Due to	
10. Usual Occupation		5 · V = 4 · 41/4	5 Wall
11. Industry or business	nt I	Other Conditions Districe Mulitare,	2
12. Name Olomo Olo	enfield	(Include regenancy within months of death) Date of operation	PHYSICIAN Underline the
E 14. Maiden Name CVVVI	Aughtry		cause to which death should be
\$ 15. Birthplace Surber	wr SC.		charged statis- tically.
16 (a) Informant Mrs Matte	gary (danglity)	22. If death was due to external causes, fill in the follo	
(b) Address 1402 Rut	the latt	(a) Accident, suicide, or homicide	
17 (a) Burial (b) Da (Burial, cremation, or removal)	te thereof May 11, 1956 (month) (day), (year)	(c) Where did injury occur? (City or tawn) (County	*******************
(c) Cemetery or crematory. Can Location. Lew Few	ry SC.	(d) Did injury occur about home, on farm, industrial place?	ace, in public
18 (a) Funeral director Hallan	Ed Funeral Her	(Specify type of place)	
(b) Address/63/ Nrue	if Hill the	23. Signature Selph Vonna	2
AV (4) Date ree o by registrar)	igles fulliant Registration	Address 424 & Monuhant Date signe	15/9/50

VS 150

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the underlying cause of death - ne, lunter or Deateter

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

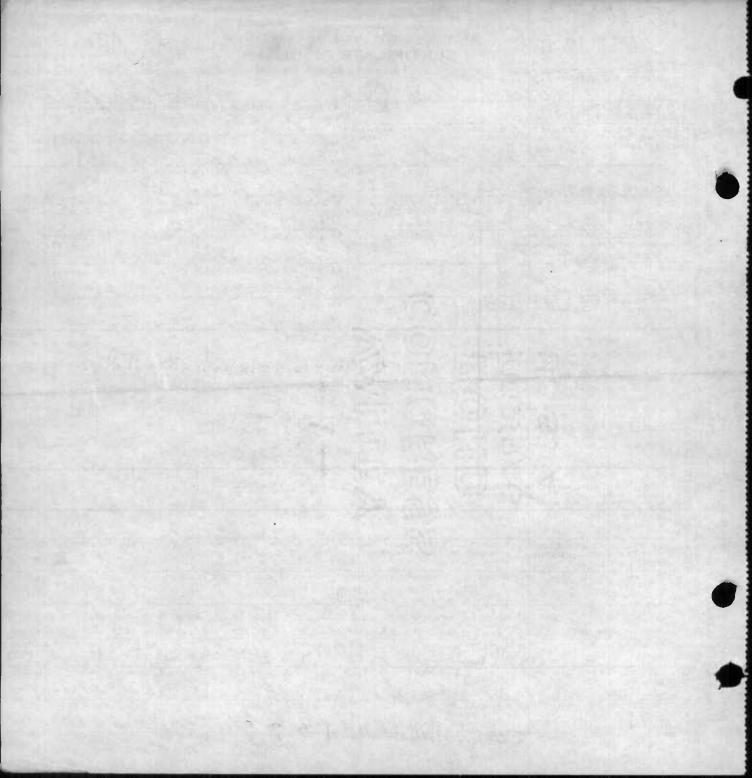
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

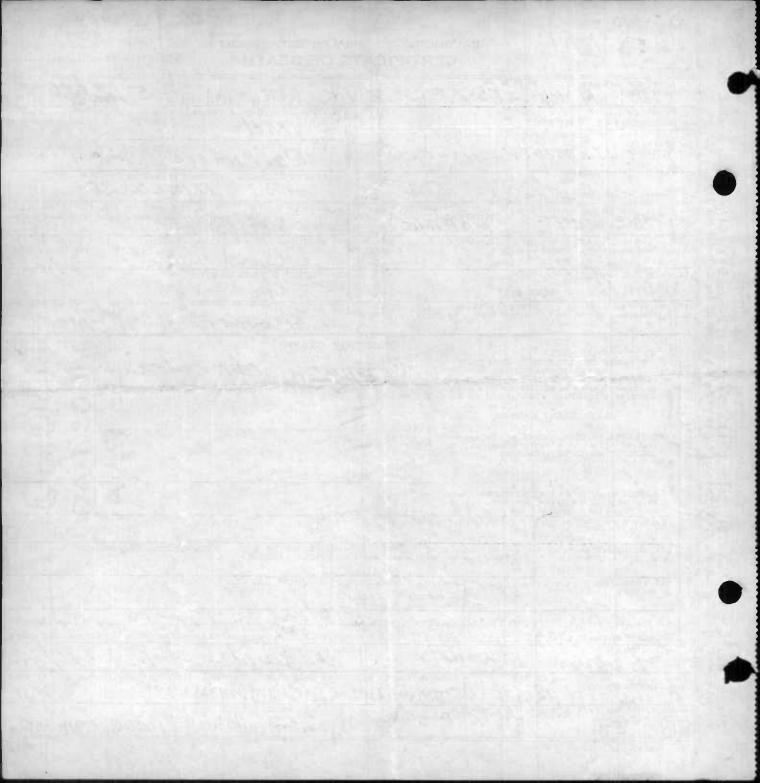
For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

Letter in document file 50-4275-6/5/50.

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11	5-36	2					
E	5-34	24277			EALTH DEPARTMENT E OF DEATH	50 Registered N	4277
	NAME OF D	MARV	STRZ	CELCZY	KORSTELCONK	2. DATE OF DEATH 5	7.000
	Baltimore (City, Maryland			4. USUAL RESIDENCE (W		institueron : residence before admission)
11 -	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hos		ion, give street address or location)	C. CITY OR TOWN (If	outside corporate limite	s, write RURAL and give township)
	41			Yrs. Mos.	D. STREET ADDRESS (If r		CT.
11-	Length of s	tay in Baltimore	E 7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years) If	Under 1 Year If Under 24 Hours
. 1	CHANGE	WHITE	MA	POPULATION (Specify)	Jan 6 1883	67	nths Days Hours Min.
wo.	k done during most	of working life, even If retir	ed)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Down	I wanie	4.		14. MOTHER'S MAIDEN NA	ME	
ı (Y	WAS DECEASE es, no or unknown)	D EVER IN U.S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AI	DDRESS
	18. 14-			CALICE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITIO	N DIRECTLY	0	OF DEATH		ONSET AND DEATH
	heart failu	LEADING TO Do not mean the modere, asthenia, etc. It r	neans the diseas	e,	rary car		
	injury or	complication which		.) DUE TO	V		
Z	DISEASE	S OR CONDITIONS	S, IF ANY, GIVIN			***************************************	
RTIFICATION	RISE TO T	HE ABOVE CAUSE (E DUE TO			
TIFI		11		(C)			
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, B ISEASE OR CONDIT	UT NOT RELATE	.D			
	19A. DATE C	F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i arm,factory,street,officebldg.,		in Baltimore City, g	ive exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WORK NOT WHILE		-/6/-	
		y eertify that I dive on DOA		deceased from 5 and that death occur	18/57), 19 , to 3	o aguese and on the	, that I last saw the e date stated above.
	23A. SIGNA		Suvn		3B. ADDRESS	1426	23c. DATE SIGNED
	4A. BÜRIAL.		20.	M. D.	RY OR CREMATOR 24D. LO	OCATION (City, town,	or county) (State)
	BURIAL (S	3/12/	50	ST. STANIS LAUS		ALK AVE	MD
	OCAL REGIST		是有到外线	BELLE, MAR	Marie E. Fralkov	vski 1000s	ADDRESS
=	VS 150						AVE
-61						THE LOCK OF	170



В	J-236	4278			EALTH DEPARTMENT E OF DEATH	Registere	60 4278 ed No.
	NAME OF DECE	Jol	nn	Las	siter	2. DATE May	6, 1950
Α.	PLACE OF DEAT Baltimore City	, Maryland	l or institution	on, give street address or	4. USUAL RESIDENCE (
	OSPITAL OR NSTITUTION	University		location)	Baltimor	e /	limits, write RURAL and giv
C	. Length of stav	in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1919 Argy)		1).
5	M 6.0	COLOR OR RACE	7. SINGLE WIDOW	MARRIED, D DIVORCE Propecify)	Jaw. 1 1921	9. AGE (In year)	
vor		PATION (Give kind of king life even if retired)	OCH	BUSINESS OR WIDUSTRY	Calecgle Calecgle	n. G.	12. CITIZEN OF
13	John S NAM	Lasse	iter	Dev.	Lelly, Y	Norgan	V.
15 (Y	(S,) (MAS DECEASED E	VER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	Bella me	rgan-	Eigylean.
	(This does not heart failure, a injury or con	OR CONDITION IT ADING TO DEAT thean the mode of asthenia, etc. It mean application which controlled the control	H f dying, e.g. ns the discase aused death.	Bronchi	OF DEATH al asthma	<u> </u>	Inser and dear Several years
RTIFICATION	RISE TO THE	R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA	STATING TH	G			
C		11		(C)			
ERTII	TRIBUTING TO	IFICANT CONDI THE DEATH, BUT ASE OR CONDITION	NOT RELATE	D			
LC	19A. DATE OF O			FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A. EXTERNAL PRIMARY OR CAUSE OF DEA	CAUSE WAS CONTRIBUTING TH.	218. PLA	CE OF INJURY (e. g., i rm,factory,etreet,office bldg.,	21c. WHERE DID NURY OCCUR?	(If in Baltimore Ci	ity, give exact location)
M	21D. TIME (Mor OF INJURY	nth) (Day) (Year)	W	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	the eviden	ice obtained by	ge of the r	remains described on the same of the same	nbove, held an Autop Autopsy Inquiry, find that said of \$\overline{X}\$, accident \$\superscript{\substack}\$, suicident	deceased died or	n the day stated above
	23A. SIGNATUR	E J Mg	Mate		23B CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	May 8, 1950

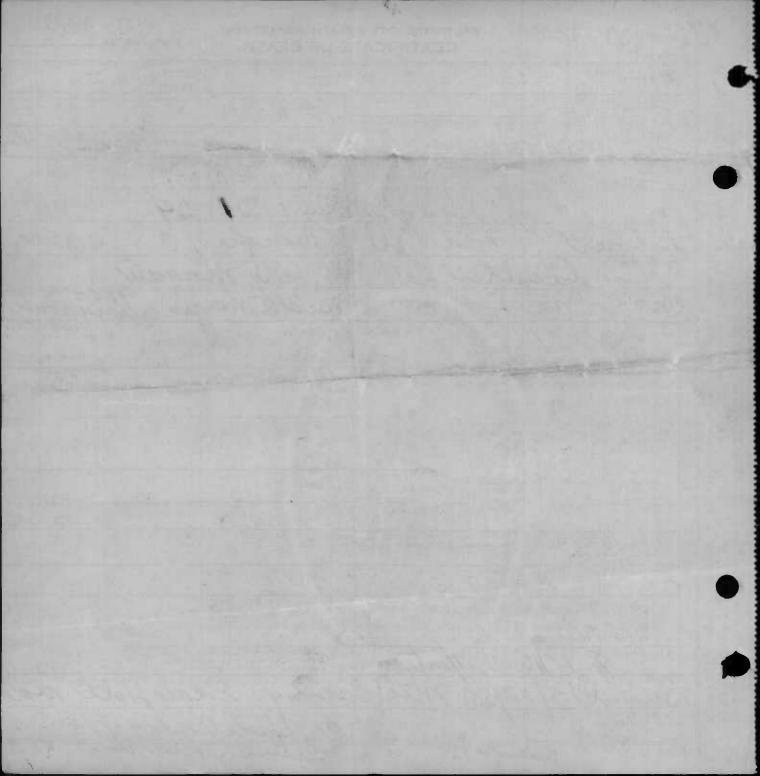
DATE RECEIVED BY LOCAL REGISTRAR REGISTRARY SIGNATURE

W. Hal

letead - 918 -

Huntwater Millians

110

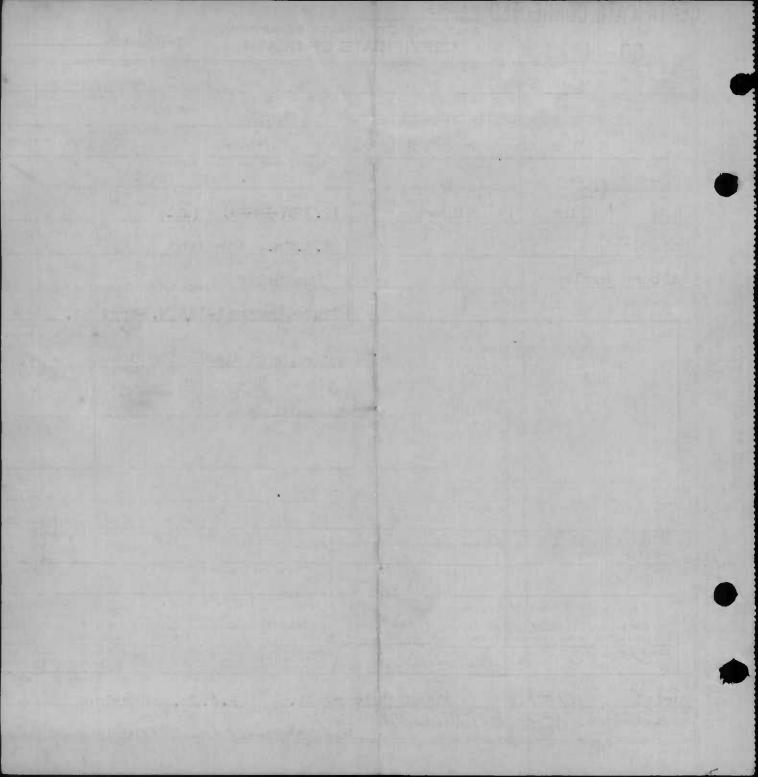


BINDING

FOR

RESERVED

MARGIN



The

5-530

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 42	.0	U
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В	UCON HTR	4230		CERTIFICATI	E OF DEATH		17500
	NAME OF D					2. DATE OF	8-50
		3M1	TH,	ELVER		DEATH	
	Baltimore (City, Maryland			A. STATE	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or location)			
IN	ISTITUTION				C SITY OR TOWN (1	f outside corporate limits	township)
	NIV	ERSIT	У	HOSPITAL Yrs.	paulo.	rural, give location)	73
	T	4 * 75 14*		Mos.	D. STREET ADDRESS (1)	rural, give location)	
	SEX	tay in Baltimore 6.COLOR OR RACE	7 SINGL	Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years) H	Under 1 Year If Under 24 Hours
	F	-		ED, DIVORCED (Specify)		last birthday) Mor	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekindo)	10B. KINE	OF BUSINESS OR	11. BUTHPLACE (State or 1	foreign country)	12. CITIZEN OF
worl	done daying most o	of working life, even if retired		INDUSTRY		4 n	SWHAT COUNTRY?
13	TOKS				14. MOTHER'S MAIDEN A	IAME .	PED.C.
	bola	Edman	20/1		forthe a	nih	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORGES?	16. SOCIAL	Lowsa (SIL	
(Ye	e, no of unknown)	(If yes, give war or dat	os of service)	SECURITY NO.	Man Dia	f. H 0-12	DORESS PAR II
	//0.				Zun maifring	2013	INTERVAL BETWEEN
	18. / 5	/ X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	60.00	les of Care	inmelson	
	heart failu	not mean the mode are, asthenia, etc. It me	ans the diseas	e,			. *************************************
	injury or	complication which	caused deatl).) DUE TO			
-		ANTECEDENT CAU	SES	Care	inoma of	tomach	
TION		S OR CONDITIONS,		VG (2)		***************************************	
ATI		THE ABOVE CAUSE (A		HE DUE TO	0		
RTIFIC		Ш		(C)			
LI.	TRIBUTING	SIGNIFICANT CONE S TO THE DEATH, BUT	NOT RELAT	ED Dealine	Parlon	tion Stamas	4
O		F OPERATION		FINDINGS OF OPER		And the control of the Ar	20. AUTOPSY?
AL		0					YES NO
EDICA		ENT, SUICIDE,		ACE OF INJURY (e. g., i		(If in Baltimore City, g	ive exact location)
Ē	HOMICIDE	(Specify)	about home,	in m, factor y, street, omce bidg.,	INJORY OCCUR!		
2		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	FRENCH STATE
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereh	u certify that I at			-1- 1950 to	5 - 8 - 195	that I last saw the
	deceased a	live on F-8-	1950	and that death occur	rred at 12 Am. from		re date stated above.
	23A, SIGNA	TURE	,,	deceased from sand that death occur	238. ADDRESS	[23c DATE SIGNED
	W	ra ma	Tho	M. D.	unversit	Hoop.	5/8/50
2. Ti	REMOVAL	CREMA- 24B. DATE	10-	24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, lown,	or county) (State)
10	hippla	13-10-	1950	Nochul 71	louns. NOC	My Mains	71.0.
	ATE RECEIVE		'S SIGNATE	JRE /	25. FUNERAL DIRECTOR	1 0	ADDRESS
1	0 1330	11-11-	t- W	Him M.R.	Me Ketie USW	Elians Se	proceder St.
	VS 150						1110
11		1. 34 %	A P	1.27% HO PH. P. 181"			4612

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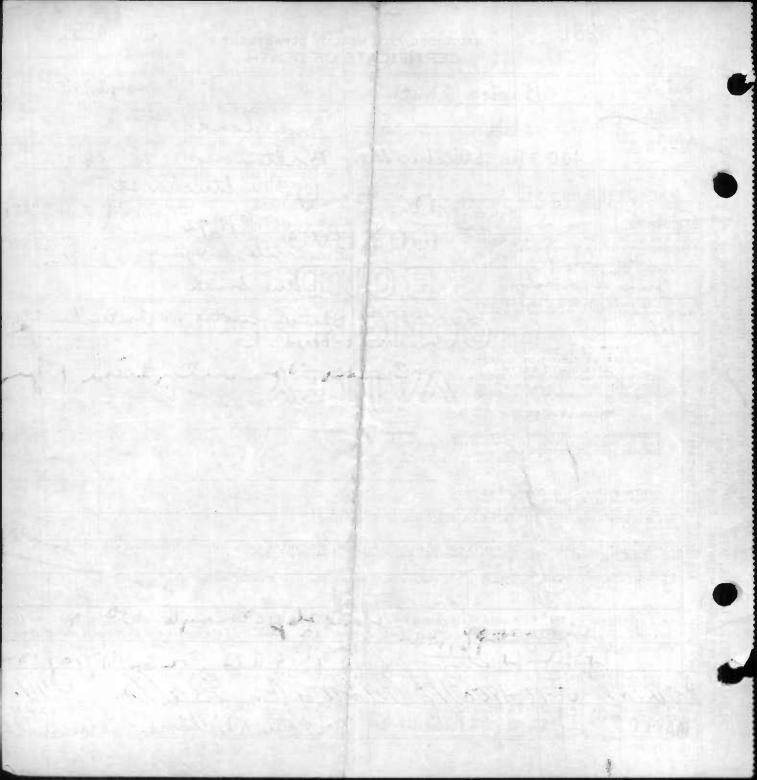
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4281

	BII	RTH NO. CERTIFICATI	E OF DEATH Registered No.
	1.	NAME OF DECEASED Burley Smith	2. DATE may 6,1950
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
	HC	SEPITAL OR STITUTION 1003 N. Stricker St.	
	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If gural, give location) 1003 N. Stucker St.
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Judger 1 Years of Judger 24 Hours Min.) December 9, 1877 18. DATE OF BIRTH 19. AGE (In years of Judger 1 Years of Judger 24 Hours of Min.)
		A. USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR done during most of working life, even if retired) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eastville, Vinginia. 12. CITIZEN OF WHAT COUNTRY
	13.	father's NAME forddy.	nelli Smith.
	15 (Yes	. WAS DECEASED EVER IN U, S. ARMED FORCES? , np or unknown) (If yes, give war or dates of service) SECURITY NO.	Blanche Custis, 1003h Stricker St.
		18. 477 / CAUSE	OF DEATH INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	die Normalndsien I zu
	RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	
	F	(C)	
	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	اد	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	EDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
To Tour		22. I hereby certify that I attended the deceased from deceased alive on and that death occur	rred at, 19 that I last saw the rred at, 19 \tag{that I last saw the red at
2		23A. SIGNATURE M. D.	23B. ADDRESS 23C. DATE SIGNED
200	99	Whiaf 5-10-1950/17 all	Mrn. Com Ballo (City Cyn, or county)
		TE RECEIVED BY REGISTRAR'S SIGNATURE	Mrs Katu K Williams Schweder S

VS 150

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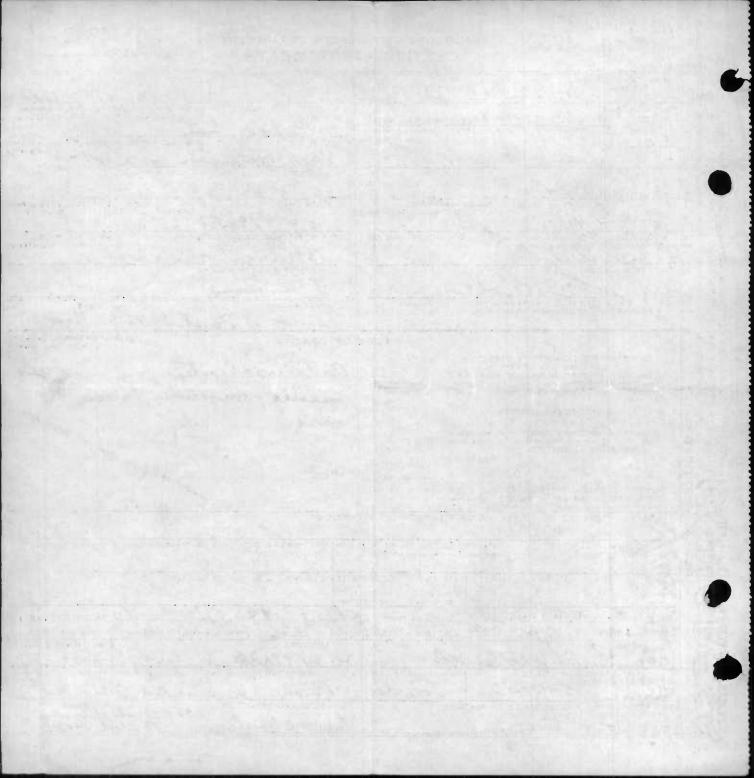
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	PL.	ı
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P. 400 50	4282
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4; Registered No. 4282

1. (T	NAME OF DECEASED Bessie a Paul	2. DATE OF DEATH May 10 - 19.50			
A. B.	PLACE OF DEATH: Baltimore City, Maryland /9/9 Hearner Composition FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR JOCATION	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission before admission			
11	ISTITUTION D	1919 Harmon ava 25-4000 shi			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
1	Length of stay in Baltimore Days SEX [6, COLOR OF RACE 7, SANGLE, MARRIED.				
	7 WIDOWED, DIVORGED (Specify	8. DATE OF BIRTH 9. AGE (In year last birthday) Months Days Hours Alin			
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
1	Hermon C. Kroll	Lennie -			
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 NFORMANT ADDRESS			
		Hermon W Paul 3046 Stufford ST			
	18. 47.7. 1 CAUSE	OF DEATH Sallo TO MAN DEAT			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arterioselecter 2 445			
	(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	answer 2 ges			
	ANTECEDENT CAUSES	Carolio - vascuela disesse			
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING	~~~			
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
FIC		40 - 4			
RTI	OTHER SIGNIFICANT CONDITIONS CON.				
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE				
DICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)			
1	HOMICIDE (Specify) about bome, farm, factory, street, office bldg.				
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	21F. HOW DID INJURY OCCUR?			
	m. WHILE AT NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from 5/1, 197, to 5/10, that I last saw the				
	deceased alive on \$ //o , 1950, and that death occu	erred atm., from the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNE			
	Accession WIPlan MD M.D.	20 30 1840 Man ave 5/10/57)			
2 TI	4A. BURIAY, CREMA- ON, REMOVAL (Specify) 5-13-50 Lowdon	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State - Park Lederst, R& Balto ma			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR 2359 wash ADDRESS			
	MAY 1 0 1950 Mutuator Williams 48	Edward Joulson Balls Inch			
	VS 150	927			



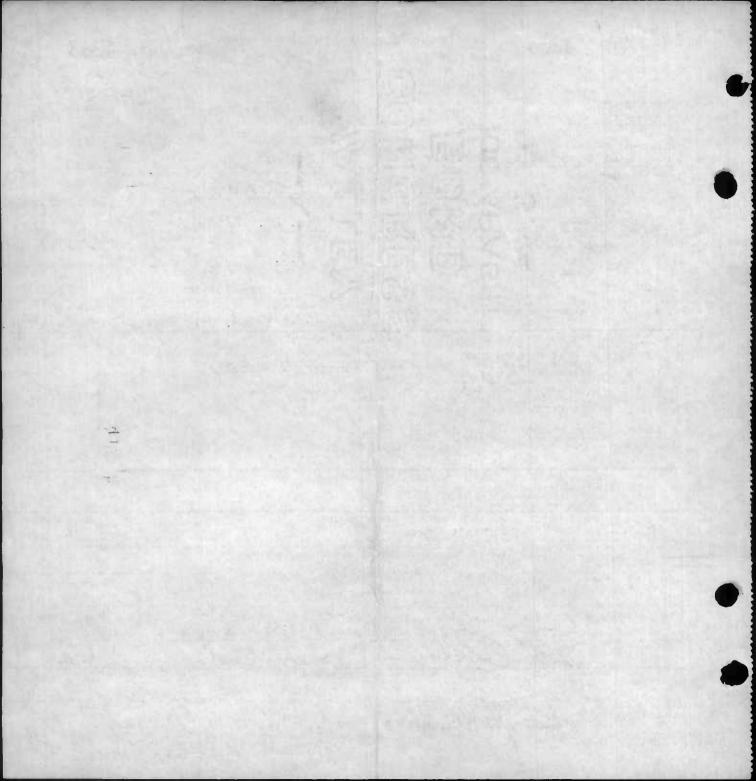
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4283 BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered M283

1.	. NAME OF DECEASED		
	Type or Print) Lula Benso		2. DATE OF 5 0 50
	PLACE OF DEATH: Baltimore City, Maryland	III	DEATH 5-9-50 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission before admission
В.	FULL NAME OF (If not in hospit OSPITAL OR NSTITUTION	tal or institution, give street address location	or Md c. CITY OR TOWN (If outside corporate limits, write RURAL and give
	31 Baltimore Cit		Baltimore
	I amountly of store in Dalai	7 Yrs. Mo	S. 1772 Nr Part on Arrange (777)
	Length of stay in Baltimore SEX 6.COLOR OR RACE	7. SINGLE, MARRIED.	"S 1112 N. Fulton Avenue (17) 8. DATE OF BIRTH 9. AGE (In years 11 Under 24 House
	Female Negro	Single Single	Dec. 20, 1915 last birthday) Months Days Hours Min
10	OA. USUAL OCCUPATION (Give kied of rk done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUST	II. BIRTHPLACE (State or foreign country) S.C. 12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	1 ocoverace,	14. MOTHER'S MAIDEN NAME
	Edward		Azele Posley
15	5. WAS DECEASED EVER IN U. S. ARMET		17. INFORMANT ADDRESS 10/10
2.6	(If yes, give war or date	s of service) SECURITY NO	Records* Balto. City Hospitals Eastern Av
	18. 00××	CALIS	E OF DEATH
Z	DISEASES OR CONDITIONS, II	F ANY, GIVING	
RTIFICATI	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT	F ANY, GIVING STATING THE DUE TO AST. (C)	
RTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)	
AL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush	ERATION 20. AUTOPSY?
DICAL CERTIFICATI	OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19 OTHER SIGNIFICANT CONDITION 19A. DATE OF OPERATION 1 OTHER SIGNIFICANT CONDITION 1 OTHER SIGNIFICAN	F ANY, GIVING STATING THE DUE TO ST. (C)	ERATION 20. AUTOPSY? YES NO 2. io or 21c. WHERE DID (If in Baltimore City, give exact location)
DICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 101-16-47 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	TIONS CON- NOT RELATED OCAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office ble (Hour) 21E. INJURY OCCUI	ERATION 20. AUTOPSY? YES NO 2. to or 10.
DICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 101-16-47 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office bleed (Hour) 21E. INJURY OCCUI M. WHILE AT NOT WH AT WORK	ERATION 20. AUTOPSY? YES NO 10. io or 21c. WHERE DID (If in Baltimore City, give exact location) 11. INJURY OCCUR? RRED 21f HOW DID INJURY OCCUR?
DICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 101-16-47 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office bleed (Hour) 21E. INJURY OCCUI M. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHE CONCERN AT WORK Ended the deceased from	ERATION 20. AUTOPSY? YES NO 10. (If in Baltimore City, give exact location)
DICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 101-16-47 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office bleed (Hour) 21E. INJURY OCCUI M. WHILE AT NOT WH AT WORK	ERATION 20. AUTOPSY? YES NO 20. AUTOPSY? YES NO 20. AUTOPSY? YES NO 20. AUTOPSY? YES NO 1NJURY OCCUR? RRED 21F HOW DID INJURY OCCUR? 1LE 7-30
DICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 101-16-47 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY	TIONS CONNOT RELATED 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, street, office ble (Hour) 21E. INJURY OCCUING WHILE AT NOT WHILE AT NO	ERATION 20. AUTOPSY? YES NO 10. io or 21c. WHERE DID (If in Baltimore City, give exact location) 10. injury occur? RRED 21f How DID INJURY occur? 12 55n. from the causes and on the date stated above 23b. ADDRESS 20. AUTOPSY? YES NO YES N
MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 101-16-47 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 23A. SIGNATURE	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office blee (Hour) 21E. INJURY OCCUI M. WHILE AT NOT WHILE AT WORK Tended the deceased from 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ERATION 20. AUTOPSY? YES NO 2. io or 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 12
MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 101-16-47 21A ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 23A. SIGNATURE	TIONS CON- NOT RELATED 1 CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office ble 1 (Hour) 21E. INJURY OCCUI M. WHILE AT NOT WHIL	ERATION 20. AUTOPSY? YES NO 2. io or 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 12
DOLL MEDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. CCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 23A. SIGNATURE 4A. BURIAL, CREMA- OH, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR	TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OP Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office ble (Hour) 21E. INJURY OCCUI WHILE AT NOT WH WORK AT WORK ended the deceased from 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ERATION 20. AUTOPSY? YES NO 2. io or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? RRED 21f HOW DID INJURY OCCUR? 12 55n. From the causes and on the date stated above 23e. ADDRESS 4940 Eastern Avenue 20. AUTOPSY? YES NO 25 No 10 Since 1 1 last saw the causes and on the date stated above 23e. ADDRESS 23c. DATE SIGNED 5-10-50
DOLL MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. CCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 23A. SIGNATURE 4A. BURIAL, CREMA- OH, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR	TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OP Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office bleed with the deceased from the	ERATION 20. AUTOPSY? YES NO 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 27-30 30 319 46 to 5-9 319 46 to 5-9 320 Autopsy? 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 22f HOW DID INJURY OCCUR? 22f Autopsy? 22f Au
DOLL MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. CCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on 23A. SIGNATURE 4A. BURIAL, CREMA- OH, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OF Phrenic Crush 21B. PLACE OF INJURY (c. about home, farm, factory, street, office ble (Hour) 21E. INJURY OCCUI M. WHILE AT NOT WH WORK Rended the deceased from 19 5 and that death occ 12 50 S SIGNATURE TO STATURE	ERATION 20. AUTOPSY? YES NO 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 27-30 30 319 46 to 5-9 319 46 to 5-9 320 Autopsy? 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) RRED 21f HOW DID INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 22f HOW DID INJURY OCCUR? 22f Autopsy? 22f Au



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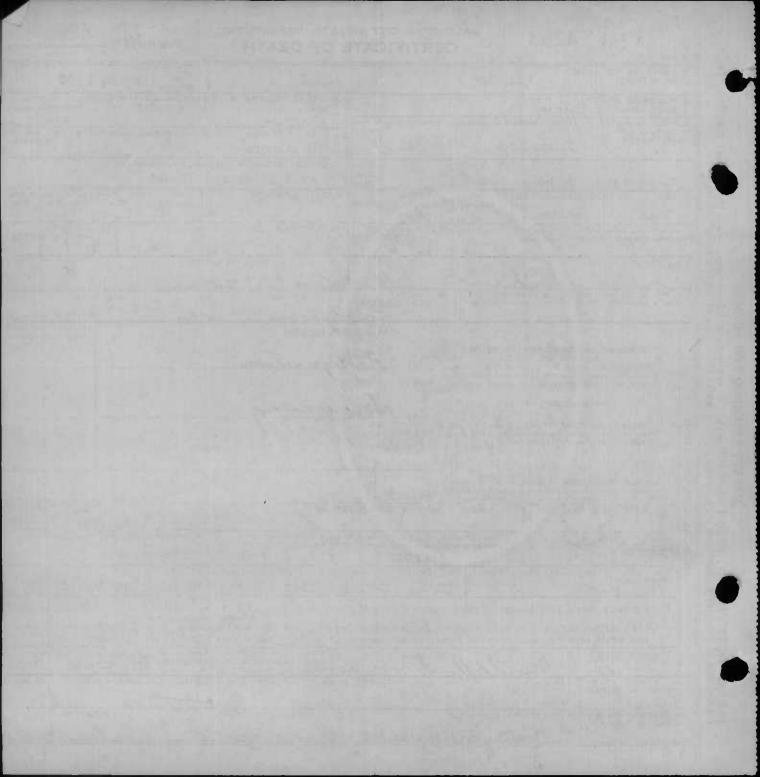
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4284 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) OF	
Lda Minayva King DEATH	May 10, 1950
	ed lived. If institution: residence DUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corp	orate limits, write RURAL and give
INSTITUTION Union Memorial Hospital Baltimore	13-08 township)
Yrs. D. STREET ADDRESS (If rural, give lo	ocation)
c. Length of stay in Baltimore Days 3654 Maldon	Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (I	n years If Under 1 Year If Under 24 Hours
Female White Married Feb. 27 1895 last bir	thday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done doring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY
House wife Maryland	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
David Juldon Mary Baken	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Rufus M. King H	usband - Sams
18. 4 70.0 CAUSE OF DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not make the market disease of the condition of t	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
A - \ - A - \ - A - \ - A - \ - A - \ - A - A	uslon
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED (B) (C) (C) ATTAXIOS CLAYATIONS (C)	
UNDERLYING CONDITION LAST.	A STATE OF THE REAL PROPERTY.
a Artarioselaratic Heart	Disease
OTHER SIGNIFICANT CONDITIONS CON-	1.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
The state of the s	YES NO
	ore City, give exact location)
about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
ZID. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from April 26, 1950, to May 10	
deceased alive on May 10, 1950, and that death occurred at 7:30 Am., from the causes	
23A. SIGNATURE Supplie To M. D. 23B. ADDRESS Vinina Mensial Hosp	5 LO SO
24a. BURIAL, CREMA-) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
Burial. May 13,1950 Woodlawn. Wood	low rad.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	com 167 1
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K-4	+20 50	4285
I. NAME	OF DECEA	SED

BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) FRANCIS	KULIK 2. DATE OF May 8, 1950
a. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Johns Hopkins Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 1927 Aliceanna Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Jungle	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours Alast birthday) 8 Months: Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL SECURITY NO.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME Lars 17. INFORMANT ADDRESS Anthorny Alongle 1927 aliceann
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A) DUE TO	My haten
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in PRIMARYS) OR CONTRIBUTING boout home, farm, factory, street, office bldg., e.g., in Primary Signature (e.g., in Primary Signature).	n or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING May 8, 1950 6:15 P m. WHILE AT WORK 22. I certify that I took charge of the remains described a	Lost footing and fell into harbor bove, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry
and death in my opinion resulted from: natural causes 23A. SIGNATURE A. Mc Clasharty M	Inquiry, find that said deceased died on the day stated above □ , accident suicide , homicide , undetermined □ 23B. CHIEF MEDICAL EXAMINER
24A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Burial DATE PROPERTY PROJECT PREGISTRAR'S SIGNATURE LOCAL TREGISTRAR'S LOCAL TREGISTRAR'S THE PROPERTY PROJECT PREGISTRAR'S SIGNATURE LOCAL TREGISTRAR'S THE PROPERTY PROJECT PROPERTY PROJECT P	Clu Randlestown address 25. FUNERAL DIRECTOR ADDRESS AND WELVEY 1. Cheater ATT
VS 151 N-990	186a V



MARGIN RESERVED FOR BINDIN	PLEAS VRITE PL LY, WITH UNFADING INK. Every item of infor	the causes of d
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RESE	INK.	please
MARGIN	UNFADING	Physicians:
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	TE PL	especially
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M.	- 6	2	<i>5</i> 4286
1/ 1	50		4286

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4286 50 Registered No.

BIRTH NO.						
1. NAME OF D (Type or Print)	DECEASED EI	LLA MAY MERRIKEN		2. DATE OF DEATH MA	y 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and over			
INSTITUTION 4016 Clifton Ave.			township)			
			Baltimore /\varthitaller			
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
	tay in Baltimore	Days	4016 Clifton Ave.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH 9. AGE (In years it Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min.			
_ female white widowed			Aug. 2. 1867	82 83		
10A. USUAL OC	CUPATION (Give kind of working life, even if retired	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
Housewif		at home	Marvland		WHAT COUNTRY	
13. FATHER'S		T do Homo	14. MOTHER'S MAIDEN N	AME		
Thomas F	I. Denison		Carrie B. Di			
15. WAS DECEASE	ED EVER IN U. S. ARME	ED FORCES? 16. SOCIAL	Sarah E. Plummer			
Yes, no or unknown)	(If yes, give war or dat	SECURITY NO.		17. INFORMANT ADDRESS		
-		<u>+</u>	Miss Mabel E. Me	erriken 401	6 Clifton Ave.	
18. 33	1 X .	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEAS	SE OR CONDITION	DIRECTLY	1 . 1 11.	1		
(This does	LEADING TO DEA	of dying, e.g., (A)	ibral Himorr	nage	1 wyc	
heart failu	are, asthenia, etc. It me complication which	caused death.) DUE TO		V	***************************************	
mjary or		caused death.)	,		NEW XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
,	ANTECEDENT CAU	ISES ALO	ninselimosis	-	15 4ND	
DISEASE	S OR CONDITIONS,	IF ANY, GIVING		***************************************		
	THE ABOVE CAUSE (A					
<u>0</u>						
C OTHER S	н	(C)			***************************************	
	SIGNIFICANT CON					
TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	N CAUSING IT.				
	The state of the s	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
₹					YES NO	
21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., i. about home, farm, fectory, street, office bldg.,	n or 21c. WHERE DID (1 etc.) INJURY OCCUR?	lf in Baltimore City,	give exact location)	
Z ZID TIME	(Month) (Day) (Year	West Lots Miller Occupa		A OCCUPA		
OF INJURY	(Month) (Day) (Year			7 OCCUR7		
		m. WHILE AT NOT WHILE				
22. I hereb	u certifu that I at	tended the deceased from M	ancia 1-19 50to W	Lay 8 19.	50that I last san the	
	live on May 8		red at 11.04 m from t	he causes and on	the date stated above	
23A SIGNA			23B. ADDRESS	ne causes and on	23c. DATE SIGNED	
Jaaa	A /8	Sison M.D.	31557 North	ave _	May 10 - 47	
24A. BURIAL.	CREMA-I 248 DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)	
TION REMOVAL (S Burial	5/12/50					
DATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR	to., Md.	ADDRESS	
LOCAL REGIST	RAR REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR	along H	MAD B. At	
MAYIA		4 W/12.	2/m. J. 4	money 1 x	son, Racio,	
WS 150	350 Thu	aug/on / / pura sus , my			do 111/10.	
		- Company William			830	

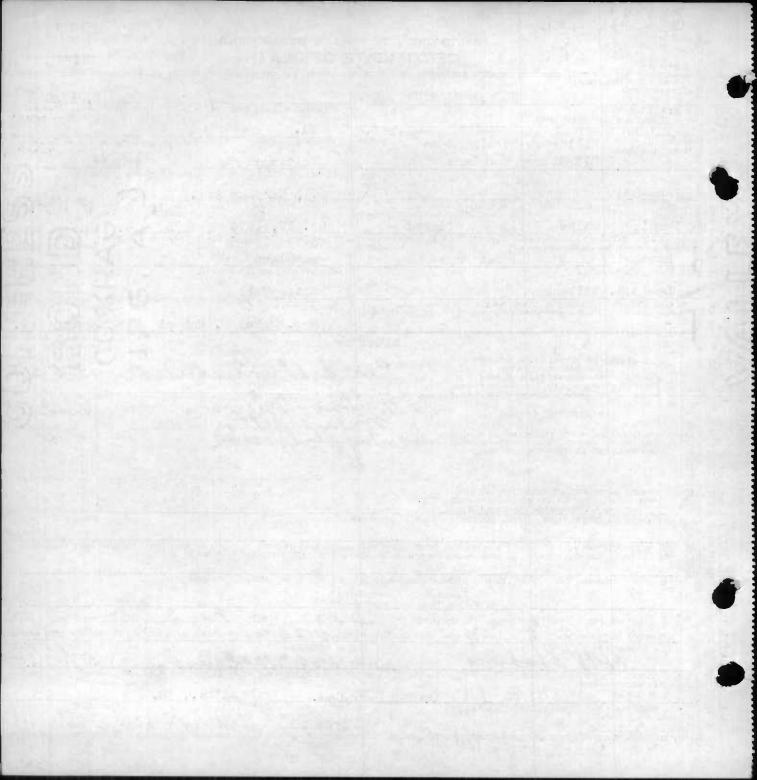
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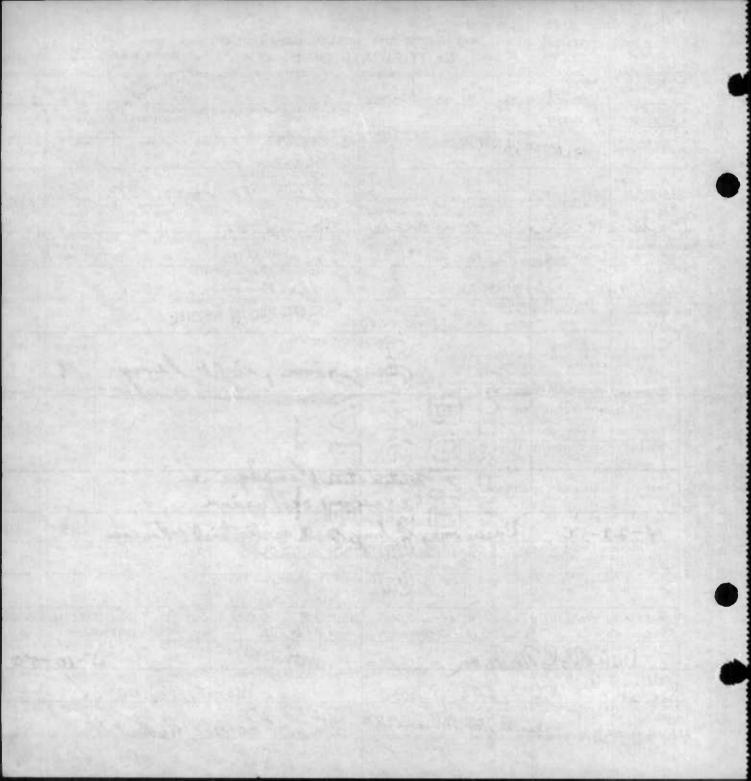
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4287 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)		2. DATE OF		
3. PLACE OF DEATH:	SSIE WILBOURN GERTH	DEATH May 9, 1950		
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital o	r institution give street address or	A. STATE B. COUNTY before admission)		
HOSPITAL OR Hillcrest Nu:		C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
212 Stoney R	un Lane	Baltimore 27-48 township)		
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7	Days Days	713 Evesham A	Ve . 9. AGE (In years If Un	der 1 Year II Undar 24 Nours
female white	WIDOWED, DIVORCED (Specify) Widowed		last birthday) Mont	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of) 10	OB. KIND OF BUSINESS OR	Aug. 17, 1874	reign country) 1:	2. CITIZEN OF
work done during most of working life, even if retired) housewife	at home	Maryland		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Lewis T. Wilbourn		Alice Wall		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL. service) SECURITY NO.	17. INFORMANT	ADI	RESS
-	•	Mrs. Mabel G.	Mahool 713 H	Evesham Ave.
18. 443 X	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	. P 1 P.		3 ^ 4
(This does not mean the mode of cheart failure, asthenia, etc. It means	dying, e. g., (A) the disease,	tres-Deleros	arrupe	Gradual
injury or complication which cause	sed death.) OUE TO Put	tran Aplana		6 0 0
ANTECEDENT CAUSES	m	mosay leton	co	Ziadual
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST UNDERLYING CONDITION TRIBUTING TO THE OEATH, BUT NO		Ebertousión		V
UNDERLYING CONDITION LAST				
Ĕ	(C)	/		
OTHER SIGNIFICANT CONDITION				
O TO THE DISEASE OR CONDITION C.	AUSING IT			LOO ALITODOVA
19A. DATE OF OPERATION 19B.	. MAJOR FINDINGS OF OPER	ATION		YES NO A
21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. g., in		f in Baltimore City, giv	
HOMICIDE (Specify)	bout home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
210. TIME (Month) (Day) (Year) (H	lour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I atten	aca cite accounted ji cite		ray 9 , 1950	
deceased alive on 5 - 9, 3	1955, and that death occur	rred at 2 Ming, from t	he eauses and on the	date stated above.
23A. SIGNOSCIAL VILLA	Que !	140 Fact	1000	5 /18 COT
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
Burial 5/11/50	Loudon Park	Cen. Bal	to. Md.	
DATE RECEIVED BY REGISTRAR'S S	SIGNATURE	25 FUNERAL DIGECTOR VICH	110.	ADDRESS MI
MV 1 0 1850	Week was	IVm. Juch	ner & Amo-	bano in
VS 150	IN HALLAULE I MAN	()		920
8	The same of the sa	Y		12/



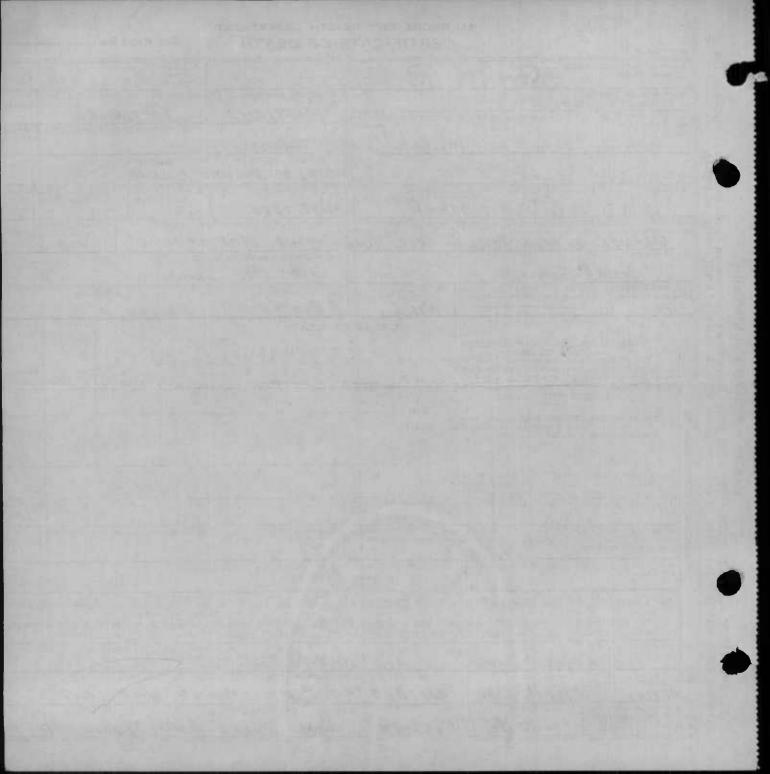
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. GOUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF RS HOPKINS HOSPITE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 9-10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INPUSTRY WHAT COUNTRY information s of death cle oreman-Looping & Seaming 20 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nown NI 17. INFORMA NUPLINS MUSPITEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or uokoown) SECURITY NO 75-15-6069 110 INTERVAL BETWEEN 18. CAUSE OF DEATH item 162 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: RTII ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U WITH 21B. PLACE OF INJURY (e. c., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 195 Q. to_ 192 O that I last saw the 22. I hereby certify that I attended the deceased from RITE is esp 6 50 km., from the causes and on the date stated above. 1950. and that death occurred at deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CRE 248. DATE C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) or JUYIC DATE RECEIVED BY ADDRESS DFUNERA LOCAL REGISTRAR Mutuelon



The underly or cause of death ? If the Level see, was at active pulmonary anthe mileary or if cancer - first organ involved

Letter in document file 50-4289-6/20/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH / fully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY before admission) BALTIMORE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION . township) TOWISO NI ld be and legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. BOSLEY AVENUE c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | K Under | Year | K Under 24 Hours last birthday) | Months; Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) information shous of death clearly 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CLERK-RECORDS OFFICE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN BROWN RASON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO NO IONE causes of NTERVAL BETWEEN CAUSE OF DEATH 18. 20 Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. C 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? LY, WITH important. EDICA 21A. EXTEPNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, furm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT especially MARK AT WORK thereon and from PL 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry RITE is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [, accident], suicide], homicide], undetermined]. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE 240. LOCATION (City, town, or county) PLEAS AKYLAND DATE RECEIVED BY 1AY 4 75 9 350° SONS, VS 151

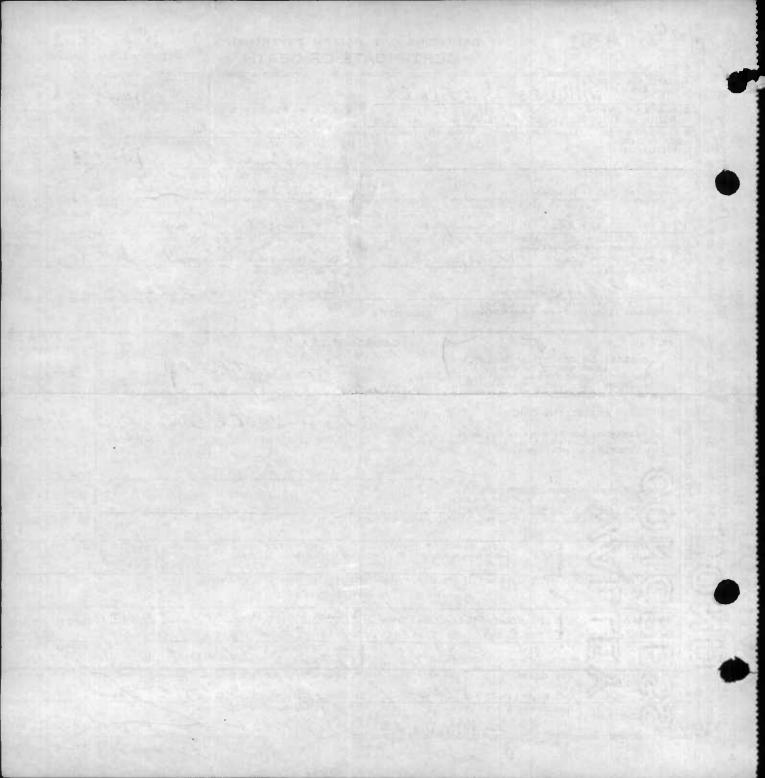


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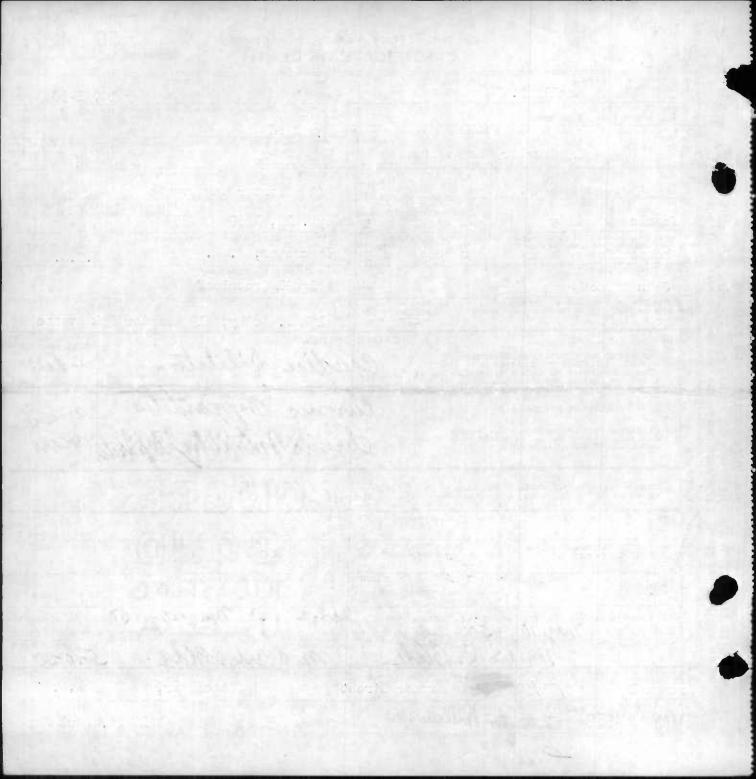
7	50 4291		TE OF DEATH	Registered No.
	IRTH NO.			
(7	NAME OF DECEASED Type or Print) CHRILES	L. R. AILEY		2. DATE OF DEATH May 8-1950
3. A.	Baltimore City, Maryland /	522/4 olling St.	STATE	ere deceased lived. If institution: residence B. COUNTY before admission
H	FULL NAME OF (If not in hosp OSPITAL OR NSTITUTION	ital or institution, give street address locatio	c. CITY OR TOWN (If ou	atside corporate limits, write RURAL and given township
10	7	Yrs	D. STREET ADDRESS (If ru	14-03
c.	Length of stay in Baltimore	Mos Day	1577 11-08.	1 1
5	1 ale White	7, SINGLE, MARRIED, WIDOWED, DIVORCED (Speci		9. AGE (In years II Under I Year II Under 24 Hours I Hours Min
	DA. USUAL OCCUPATION (Give kinds a done during most of working life, even if retired		11, BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	Carpentery.	14. MOTHER'S MAIDEN NAM	me hel 4.5.
	Phillip Rav	ley	many D. Ja	rleton
	5. WAS DECEASED EVER IN U. S. ARMI ea, no or nuknown) (If yee, give war or da		17. INFORMANT	ADDRESS
	18. 420.1	CAUSE	E OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION LEADING TO DE	ATH	Coronary Than	la: ada.
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	eans the disease,		2000
1	ANTECEDENT CAL	JSES (1	rteriorelevotic	Calin Vacal Years
SATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	IF ANY, GIVING	. New Southwest St. Co. W New York and South State St. Co	Desire
RTIFIC	n	(C)		
CERT	OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU' TO THE DISEASE OR CONDITION	T NOT RELATED		
	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OP	ERATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. a		in Baltimore City, give exact location)
MED	HOMICIDE (Specify)	about home, farm, factory, street, office bld	g.,etc.) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Yea: OF INJURY	r) (Hour) 21E. INJURY OCCUF WHILE AT NOT WHI WORK AT WOR	LE	OCCUR?
	22. I hereby certify that I as		may 6, 19 50 to m	an 8, 1950, that I last saw th
		8, 1950, and that death occ		causes and on the date stated above
	23a. SIGNATURE	Poldman M.D.	206 S. Gilm	1 1/20
2 TJ	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	0-67	TERY OR CREMATORY 24D. LOC	
	ATE RECEIVED BY REGISTRAF	R'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
ИДУ	10106	to Williams, Mill	Les . K. Beger	Jr 1512 Holling
	As 1550	States of the st	1610	Balto 23 md.



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PLEAS: RITE correct age is espe

50 BIF	129 RTH NO.	2	BALTIMORE CITY HE CERTIFICATI		Registered N	50 4292
1. (Ty	NAME OF Dope or Print)	Azella L.	Nourse	Haden de la	2. DATE OF DEATH May 1	10 1050
A. J		EATH: City, Maryland		4. USUAL RESIDENCE (W		institution : residence
HO	FULL NAME SPITAL OR STITUTION		al or institution, give street address or location) or Oak Avonue		outside corporate limits	s, write RURAL and give township)
c.]	Length of s	tay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS (If a		
5. 5	SEX Comale	6. COLOR OR RACE		8. DATE OF BIRTH 1860 Sept. 12, 1859	9. AGE (in years	Under I Year If Under 24 Hours nths Days Hours Min.
10A work	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	Lancaster, N. H		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	John St			14. MOTHER'S MAIDEN NA Abigail Greenle		
15. (Yes,	WAS DECEASI	ED EVER IN U. S. ARMED (If yee, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Ralph P. Dolby,		DORESS Dak Avenue
RTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode of re, asthenia, etc. It means complication which expended to the complication of the complication which expended to the complication of the complication of the complete comple	STATING THE DUE TO	rdisc Dilaternic Myre ronic Interest	arditis the ryper	Riveral Years
CE	TO THE D	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATED	ATION		20. AUTOPSY?
MEDICAL	LYING OF	ENT WAS UNDER-R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?	f in Baltimore City, g	YES NO Live exact location)
-	22. I hereb	y certify that I att	m. while at Not while at work at work ended the deceased from 1, 1950, and that death occur	256. 2, 1950, to M red atm., from th	1ay.10-,1957	that I last saw the e date stated above.
24/	23A, SIGNATA. BURIAL, (N. REMOVAL (S	CREMA- 24B. DATE	24C. NAME OF CEMETER		Blog.	
ro	TE RECEIVE	5/11/50	Summer Streets Signature	t Lan 25. FUNERAL DIRECTOR 26. Cooke, S	caster,	N.H. ADDRESS t. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ELLA 1 (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CINY OR TOWN . (If outside corporate limits, write RURAL and give INSTITUTION 3 IMORE Yrs. ADDRESS / (If woral, give location) Mos. TEGENIC c. Length of stay in Baltimore Davs information should be 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX If Under 1 Year ff Under 24 Hours last birthday) Months Days Hours Min. INGLE 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR IRTHPLACE (State or foreign country) 12. CITIZEN OF st of working life, even if retired) INDUSTRY WHAT COUNTRY? MONE ATHER'S NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes cor unknown) (If yes, give war or dates of service) 16 SOCIAL SECURIT ENTEE OLY JAPA Jo 18. y item 332 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE May 10 , 150 that I last saw the 22. I hereby certify that I attended the deceased from the 1950, to_ RITE is espe deceased alive of Que 10 1950, and that death occurred at_ 2m., from the causes and on the date stated above. 23A. SIGNATURE DATE SIGNED 242 BURIAL, CREMA-ADCATION (City, town, or county) 24B. DAT CEMETERY OR DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR VS 150

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5	23							50	4	00	
5		JL - 137838 0-09084		CERTIFICATI			Registere	50 a No.		23	4
T.	NAME OF Di	ECEASED	rl Knie	ht- Sally			2. DATE OF DEATH 5-6	-50			
A.		EATH: City, Maryland			4. USUAL RESIDE A. STATE Md.	ENCE (W		lf inst			nce nission)
H	FULL NAME OSPITAL OR ISTITUTION	Baltimor 4940 Eas	e City tern Av	ion, give street address or Hospital Socation)	c. CITY OR TOWN		outside corporate li	mits, w	rite HU		nd give wnship)
c.	Length of st	tay in Baltimore	1 h	Yrs. Mos. Days	D. STREET ADDRE				-		
	sex Female	6.COLOR OR RACE		E, MARRIED. VED DIVORCED (Specify)	May 6, 19		9. AGE (In years last birthday)				24 Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or fo	reign country)	12.	CITIZ		F NTRY?
13	FATHER'S N	Frank	Dowell		14. MOTHER'S MA		ME				
15 (Ye	s, mo or nnknown)	D EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	B. C. H. R	ecords	, 4940 Eas	ADDR	Ave	•	
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA not mean the mode of the complication which of the complication of the complicat	TH off dying, e.; ans the disease caused death SES FANY, GIVII STATING TH	(B)	rity						
CE	TRIBUTING TO THE D	TO THE DEATH, BUT	NOT RELAT	ED IT		•••••					
EDICAL		0		FINDINGS OF OPER					YES		NO 🔣
EDI	HOMICIDE	(Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			f in Baltimore Cit;	y, give	exact	locatio	n)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK										
		ive on May 6		deceased from 5-6 and that death occur	red at 4.20AMm.	, from th	re causes and or	r the d	late st	ated	
TI	4A. BURIAL. CON, REMOVAL (STEMATE ATERECEIVE	5-9-19	50	24c, NAME OF CEMETE Baltimore Cit;	y Hospitals	240. LC		wn, or c			State)
M	ATE RECEIVED	DAD John My	S SIGNATION //	liquisme	25. FUNERAL DIR	ECTOR		AL	DKES	5	

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MARGIN RESERVED FOR BINDING	PLEAS! RITE PL. LY, WITH UNFADING INK. Every item of information shou	correct age is especially important. Physicians: please write the causes of death clearly
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MA	UNF	Physi
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IBI A SASS	EALTH DEPARTMENT 50 Registered No	4295
	L OI BEATH	
1. NAME OF DECEASED (Type or Print) Baby Boy Hill	2. DATE OF DEATH April 19	
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institut A. STATE B. COUNTY	tion : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland	RVRAL and give
The Johns Hopkins Hospital	Baltimore 7-0	(township)
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 1037 N. Wolfr Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (In years li Under I Vi last birthday) Months; D.	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant -	11. BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF HAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Hill	Ernestine Hanson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRES Hospital Records	S
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Positive blood culture replace shaptoroccus pecalion ? Suffocation) Poleusolem	TERVAL BETWEEN NSET, AND DEATH LIVELY 43440 35 Miles
TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	Special distribution of the second of the se	NO NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exect) INJURY OCCUR?	ict location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from Apr deceased alive on April 19, 19 50, and that death occur	erred all:45 An., from the causes and on the date	e stated above.
23A. SIGNATURE	23B. ADDRESS 23C.	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. HAME OF DEMOTE	ERY & CREMATORY 24b. LOCATION (City, town, or cour	nty) (State)
TION, REMOVAL (Specify)	ERY OR CREMATORY 24B. LOCATION (City, town, or coun	ity) (State)

25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

Huntington Milliams, Mill

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OR BINDING	PLEAS RITE PL LY, WITH UNFADING INK. Every item of information should be ully suppl	correct age is especial important. Physicians: please write the causes of death clearly and liver
MARGIN RESERVED FOR BINDING	UNFADING INK. Every it	Physicians: please write the
	LY, WITH	important.
•	EAS RITE PL	rect age is especia.
	PI	00

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		50	4296
-	Registered	No_	27200
	-		

SIRTH NO. ()	
1. NAME OF DECEASED (Type or Print) Gertrude Alverta Palme	2. DATE. OF 5-9-1950
3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland AnneArundel
c. Length of stay in Baltimore 5days Mos. Days	D. STREET ADDRESS (If rural, give location) Crownsville State Hospital
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Married	8. DATE OF BIRTY AGE (In years of Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working nost of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY TOTAL 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, so our unknown) (If you, give war or dates of service) SECURITY NO.	77. INFORMANT Baltimore City Hospetses Records: 4940 Eastern Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH al Thrombosis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ive cardiovascular disease
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hnme, farm, factory, street, office bldg., c	in mr 21c. WHERE DID (If in Baltimore City, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	
W. Cloque M.D.	rred at 1 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. 5-10-1950
248. BURIAL. CREMA- TION REMOVAL (Specify) DILLIAN DATE RECEIVED BY LOCAL REGISTRAR & SIGNATURE WAY VS 150 248. DATE 248. NAME OF CEMETE 249. NAME OF CEMETE 246. NAME OF CEMETE 247. NAME OF CEMETE 248. DATE 129. NAME OF CEMETE 248. DATE 248. DATE 248. DATE 348. DATE 349. DATE	125. RONERAL DIRECTOR LUCLAS Saleshery
70 130	Man Dand (1

Information for change of adobese obtained through State Board of Health 6/28/50.

F	6	, 3 5 B	ALTIMORE CITY, HE	EALTH DEPARTMENT	50	4297
The _	56	A297	CERTIFICATI	E OF DEATH	Registered No	1,507
	1. (T	NAME OF DECEASED Type or Print) 15HAC	FRIEDMA	N	2. DATE OF DEATH 5 - 10	-50
pplie	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh		ion : residence before admission
fully supplied.	H	FULL NAME OF (If not in bospital or institution) OSPITAL OR ISTITUTION 513	tution, give street address or location)	c. CITYOR TOWN (If o	utside corporate limit, write	tuleAL and giv township
fu stoly.	c.	Length of stay in Baltimore	Yrs. 49 Mes. Days	D. STREET ADDRESS (If ru 2513 Key W	orth (W	re
and b	-	SEX 6. COLOR OR RACE 7. SING	DWED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGF (In years Hunder Years Months Da	at H Under 24 Hours Min
VDING information should s of death clearly an			ND OF BUSINESS OR	11. BIRTAPLACE (State or fore		TIZEN OF HAT COUNTRY
IG matio	13	FAMER'S NAME	7 3.30	14. MOTHER'S MAIDEN NAM	VIE.	
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES; s. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	1. INFORMANTY	ADDRESS	s frant GA
FOR y item		DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	e.g., (A) loc	Newwood		ERVAL BETWEE SET AND DEAT
RESER INK. please	ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		perkus in Can desert	dis result	ys
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS (TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING	ATED			
н.	AL	19a. DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPER	ATION	20	O. AUTOPSY?
LY, WITI	EDIC		PLACE OF INJURY (e. g., in ne, ferm, factory, street, office bldg.,		in Baltimore City, give exa	ct location)
J. in	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		occur?	
TE P		22. I hereby certify that I attended to	he deceased from	red at 15 fm., from the		I last saw the
RI		1 Cheenskinh	M. D.	V320 Enter	235	SO SO
a a	L	AN BURIAL, CREMA- ON REMOVAL (Specify)	24C NAME OF CEMETE	ale "	CATION (City, town, or coun	Max
PLEA.	7.0	ATE RECEIVED BY REGISTRAR'S SIGNA OCAL REGISTRAR AND STORY OF THE RECEIVED BY REGISTRAR'S SIGNA OCAL REGISTRAR'S S	TURE	25. FUNERAL DIRECTOR	Le 2100 Ent	aw Re
		VS 150	V13	568V	4	7)

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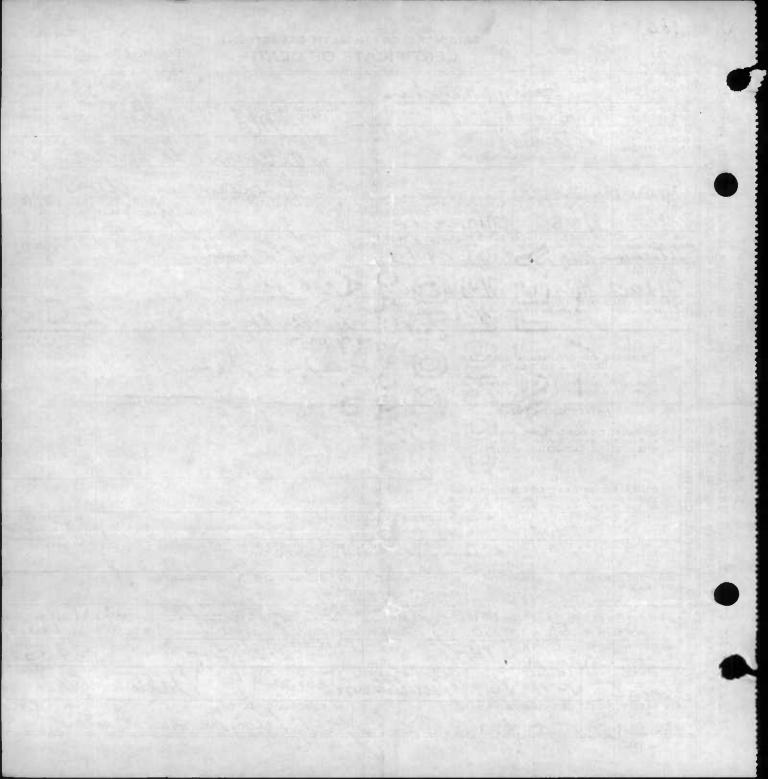
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. NAME OF DECE Type or Print)
Baltimore City

DEPARTMENT CERTIFICATE OF DEATH

4298 50

Registered No.

II BI	RIH NO.			
1. (T	NAME OF DECEASED Henry Myscherg		OF DEATH	50
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If hist B. COUNTY	itution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street Address or location) STITUTION		outside corporate limits, w	rite RURAL and give
	V Newar	Hultunar	e 15-1	02 township)
c.	Length of stay in Baltimore Yrs. Mos. Days	2062 Lucy	1- //	ve
5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Unda last birthday) Month	or I Year If Under 24 Hours S Days Hours Min.
1C worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Redone during most of working life, even if fetired) Lived - Merchant Subject that	11. BIRTOPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13	GAGIAL MOSOS MINGEON	14. MOTHER'S MAIDEN NA	AME	
is (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES. 16. SOCIAL SECURITY NO.	LY INFORMANT	hora za La	ESS ender (so
	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH	faction	INTERVAL BETWEEN ONSET AND DEATH
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
7	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ii about home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
	deceased alive on 5 9 1900, and that death occur	1/29 , 1950, to	he causes and on the	hat I last saw the
	23A. SIGNATURE 2	38. ADDRESS		3c. DATE SIGNED
	M. D. J. BURNAL CREMA- 24B. DATE 22C NAME OF CEMETE WELLS SPECIFY SILVERS	RY OR CREMATORY 24D. LO	CATION (City, town, or	
Lo	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	e 2100 60	DDRESS P
	VS 150	15666	C	14a
			A CONTRACTOR OF THE PARTY OF TH	



23c. DATE SIGNED 24D. LOCATION (City, town, or county)

before admission)

12. CITIZEN OF

ADDRESS

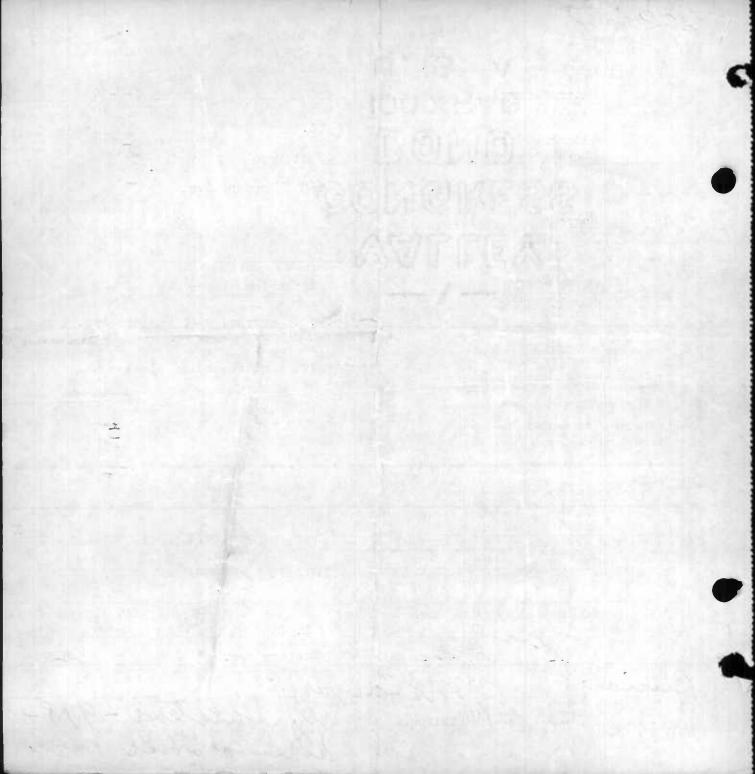
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

township)



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MAR	PLEASE RITE PL. LY, WITH UNFADING INK. Every item of information should be efull	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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		4000	BALTIMORE CITY HE	EALTH DEPARTMENT	50	4300
	1	4300	CERTIFICAT	E OF DEATH	Registered No.	-0.00
		RTH NO.				
		NAME OF DECEASED ype or Print) E ム /	ZA JONE		OF DEATH 5-	8-50
		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution : residence before admission)
	B. I		oital or institution, give street address or location)			
		CTITUTION .	BIPDLE ST		tside corporate limits, w	rite RURAL and give township)
	-0	0 00 70	Yrs.	BAUTO D. STREET ADDRESS (If rur	al, give location)	*
	c.	Length of stay in Baltimore	20 Mos.	5'20 W	BIDDLE	57
	5.	F. 6.COLOR OR RACI	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years If Undo	Days Hours Min.
	10, work	A. USUAL OCCUPATION (Give kind done during most of working life, even if retire	of 108 KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLAGE (State or forei	gn country) 12.	CITIZEN OF
	13.	FATHER'S NAME	The farm	14. MOTHER'S MAIDEN NAM	F - C	e J. A.
		NED C.	AMDS	UNKNO	_	
	15. (Yes	. WAS DECEASED EVER IN U. S. ARM, no or nnknown) (If yes, give war or da		17. INFORMANT	ADDR	RESS 520
	(2 3 3		SECURITY NO.	JOSHUA L	UCAS	W BIDDA
		18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEASE OR CONDITION	ATH O A C	RDIO VASCUL	AR	6 mos
		(This does not mean the mode heart failure, asthenia, etc. It m injury or complication which	eans the disease,	DISEA		
		ANTECEDENT CAL	uese			2
	Z		(B) 13 R	OKEN COMP	ENSATION	9 W 02
,	ATIO	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION	A) STATING THE DUE TO			
	C					SAVA OF THE
	TIFIC	II	_(C)			***************************************
	ER	OTHER SIGNIFICANT CONT	T NOT RELATED			
	O.	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	PATION		20. AUTOPSY?
	AL.	ISA. DATE OF OPERATION	138, MAJOR FINDINGS OF OPEN	KATION		YES NO
	DIC	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g., i		n Baltimore City, give	
	ME	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	2	21D. TIME (Month) (Day) (Yea OF INJURY	r) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY C	CCUR?	
,			m. WHILE AT NOT WHILE			
		22. I hereby certify that I a	ttended the deceased from / M	A4 4 1950, to 111	44 10, 195011	hat I last saw the
		deceased alive on NAY	, 1950. and that death occur			
		23A. SIGNATURE		23B. ADDRESS	(ha 2	3C. DATE SIGNED
3	26	BURIAL PCREVA 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D, LOC	ATION (City, town, or e	county) (State)
	To	N. REMOVAL (Specify)	What Cal	evari!		
	DA	TE RECEIVED BY REGISTRAN	R'S SIGNATURE	25 FUNERAL DIRECTOR	A AS	BRE950
	M	AY 1 1 1950 Thurtin	into William	Windsamor	eau -	110-
		VS 150	0 ,10/00	10/11/1	Hill	are.
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50	4301

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4301

BIRTH NO.		CERTIFICAT	E OF DEATH	Megistereu	110.
1. NAME C (Type or Pr	F DECEASED			2. DATE	
		THOMAS VANCE CARTI			May 8, 1950
A. Baltimo	re City, Maryland	al or institution, give street address o	4. USUAL RESIDENCE (W. A. STATE	here deceased lived, I B. COUNTY	f institution : residence before admission)
HOSPITAL	OR 3521 Oalmar	at Avenue location		outside corporate lim	its, write RURAL and give township)
		Yrs.	D. STREET ADDRESS (If r	ural, give location)	10
	of stay in Baltimore	Mos. Days	3521 Oakmont A	ve.	
5. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married	Jan. 30, 1880	9. AGE (In years last birthday) M	onths Days I Under 24 Hours onths Days Hours Min.
work done during	L OCCUPATION (Give kind of most of working life, even if retired) rintendent	108. KIND OF BUSINESS OF INDUSTRY Street Lighting	11. BIRTHPLACE (State or for Balto.	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER	R'S NAME		14. MOTHER'S MAIDEN NA	ME	
Thom	as Carter		Mary R. Hendri	x	
15. WAS DEC (Yes, no or nuki NO	CEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Sadie L. (ADDRESS L Oakmont Ave.
ZO DISE RISE UND OTHER TO T	SEASE OR CONDITION LEADING TO DEAT does not mean the mode of failure, asthenia, etc. It mea y or complication which of the complex of the com	DIRECTLY TH of dying, e. g., ns the disease, aused death.) SES F ANY, GIVING STATING THE OST. (C) TIONS CON- NOT RELATED		lung -	INTERVAL BETWEEN ONSET AND DEATH
A Isan	OF OPERATION O	SE. MAJOR PINDINGS OF OPE	ATION		YES NO
HOMICI	ME (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., about home, ferm, fectory, street, office hldg., (Hour) 21E. INJURY OCCURE	etc.) INJURY OCCUR?		give exact location)
OF INJU	JRY	m. WHILE AT NOT WHILE			
22. I h	ereby certify that I att	ended the deceased from	hon 3 , 19 kt, to	may 8 , 198	2, that I last saw the
		, 19 50, and that death occu	rred at ZPm., from th	e causes and on	
23A. SI	SNATURE SWBill	ufz M.D.	50 4 murdack	Road	23c. DATE SIGNED
Buris DATE RECILOCAL REC	5/11/5 EIVED BY REGISTRAR GISTRAR 1 1950 turturta	24c. NAME OF CEMETE Woodlawn Ce s signature		CATION (City, town	ADDRESS (State)
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BIRTH NO	32
1. NAME	OF

BALTIMORE CITY HEALTH DEPARTMENT

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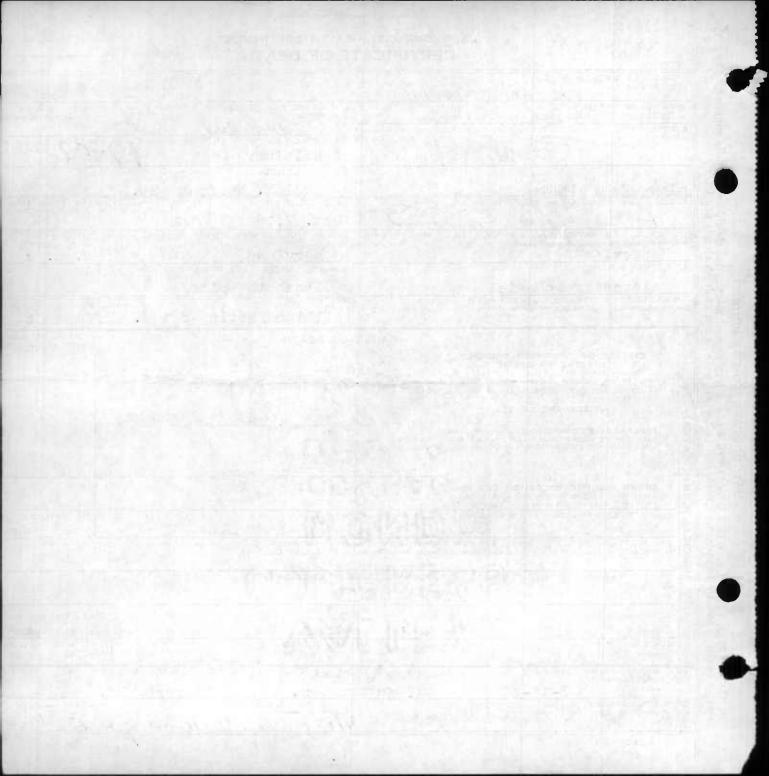
	CERTIFICATE CERTIFICATE	E OF DEATH Registered No.	
	1. NAME OF DECEASED (Type or Print) Edna E. Wills	2. DATE OF DEATH May 9, 1	950 .
	3. PLACE OF DEATH: A. Baltimore City, Maryland 1619 Edmondson Ave. B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE A. STATE B. COUNTY be 1619 Fdmondson Ave. Md.	n : residence efore admission)
	HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give township)
	c. Length of stay in Baltimore 30 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
	5. SEX F. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 19, 1905 9. AGE (In years of Under I Year last birthday) Add Months: Day	
	10A. USUAL OCCUPATION (Givekind of work done during most of working jife, even if retired) NOUS EWALT 6		IZEN OF AT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
۱	John Hoooker	Lucy Hooker	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
		Isaiah Mils 1619 Edmondsion	AVE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tatic carcinoma of lungs, vary site undetermined	over
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20	AUTOPSY?
,	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		
	Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK		
4	deceased alive on 1950, and that death occur	19 to 2, 19 Othat I rred at m., from the causes and on the date	
	23A. SIGNATURE M. D. 2	38, ADDRES\$ 23c. E	ATE SIGNED
	24a. BURIAL. CREMA- TION. REMOVAL (Specify) B. May 12 ,1950 Arbutus		y) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRE	
1	VS 150	THO WE MADE	T-5

Letter in document file 50-4302 - 6/28/50.

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The Th		620 4303 IRTH NO.	BALTIMORE CITY HE		Registered 1	50 4303 No.
		NAME OF DECEASED EThe	Harris		2. DATE OF DEATH	-10-50
fully supplied.	B. He	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or OSPITAL OR NSTITUTION) FOU de	institution, give street address or I goatien)	c. city of town (I)	Where deceased lived, If	institution : residence before admission) write RUBAL and give township
legibl		. Length of stay in Baltimore	Yrs. Moa. Days	D. STREET ADDRESS (If		
ould be		F Negro	SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	0ct. 7,1887	last birthday) Me	M Under 1 Yees Il Under 24 Hows Onths: Days Hours Min.
rmation should be efu	wori	Housewife Housewife	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
information of death cl		Alexander McDaniel		14. MOTHER'S MAIDEN N Elizabeth Sm:		
e ifo		5. WAS DECEASED EVER IN U. S. ARMED FOR es, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL	17. INFORMANT William Harri	A	DDRESS Offman S5.
UNFADING INK. Every item of in Physicians: please write the causes	CERTIFICATION	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 19B.(19B.(19B.(19B.(19B.(19B.(19B.(19B.(ing, e. g., (A) Diab ing, e. g., (A) Diab ing, e. g., (A) Diab ing disease, defined by the disease, death.) Y. GIVING TING THE DUE TO (C) NS CON- RELATED JSING TT. A MAIN	lete Wee c	-uncentro Abscess «	INTERVAL BETWEEN ONSET AND DEATH
LY, WITH important.	IEDICAL	21A. ACCIDENT, SUICIDE, 2	1B. PLACE OF INJURY (e. g., ir ut home, farm, factory, street, office bldg., e	of 21c. WHERE DID	If in Baltimore City,	YES NO
I. I. I.	Σ	21D. TIME (Month) (Day) (Year) (Hot OF INJURY	m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?	
age is especia		23A. SIGNATURE	and that death occur	red at 8 25 m., from to 38. ADDRESS / Div	the causes and on t	that I last saw the he date stated above.
PLEASE correct ag	TIC	4A. BURIAL CREMA- ON, REMOVAL (Specify) Burial ATE RECEIVED BY REGISTRAR'S SI		n Cem. Ba	OCATION (City, town	d.
PL			Williams, Mik	25. FUNERAL DIRECTOR	1 ste . 0.1	ADDRESS 578



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

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ВІ	RTH NO.			LEKI	IFICAT	E OF DEAT	Н	Register	EU 110,		
1. (T	NAME OF D	ECEASED	MARIE	M.	MILLER	Bissew:		OF MA	y 8, :	1950.	
3. A.	PLACE OF D Baltimore (EATH: City, Maryland 61	3 S. Cl:	inton	St.	4. USUAL RESID			d. If instit	ution; res	sidence admission
B. Ho	FULL NAME OSPITAL OR ISTITUTION					c. CITY OR TOW	Md• N (If Baltime	outside corporate	lights, wr	e RURA	
				Li		D. STREET ADDR			1)		
		tay in Baltimore			Mos. Days	11		leet St.			
	emale	6. COLOR OR RACE White			ED, RCED (Specify)	July 29, 1		9. AGE (In years last hirthday)			Jnder 24 Hours urs Min.
10 worl	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired) Work		of Bus	INDUSTRY	11. BIRTHPLACE Baltimo:			1	WHAT CO	OUNTRY
13	FATHER'S		21.0	1101110		14. MOTHER'S M				J. D. M.	•
		Andrew Frazie	r				Barbara	Reidel			
15 (Ye	, WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOC	URITY NO	17 INFORMANT			ADDRE	SS	
-	, (10./		414-	14-073.	Clifton C.	Mille	2210 11	eet St		
	18. / 7	X			CAUSE	OF DEATH	left				BETWEEN DEATH
		SE OR CONDITION LEADING TO DEA	TH		No	A CONTRA	- Ax	1001 01	e ii	3	
	heart failu	not mean the mode oure, asthenia, etc. It mes	ns the disease		()	,,,,,,,,,,		war w	- Long		
۶	injury or	complication which	eaused death.) DUE	ТО						
7		ANTECEDENT CAUS	SES								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.											
TIFIC				(0	:)					Ppp.	
CERT	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED								
1					GS OF OPER	RATION				20. AUT	OPSY?
AL		0				1-11-27-27				YES .	NO L
EDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLAC about home, far	CE OF II	NJURY (e. g., i street, office bldg.,	n or 21c, WHERE INJURY OCC		f in Baltimore Ci	ty, give e	xact loca	tion)
2		(Month) (Day) (Year)	(Hour) 2	1E. INJL	RY OCCURR	ED 21F. HOW DI	D INJURY	OCCUR?			
	OF INJURY			HILE AT	NOT WHILE						
	22. I hereb	y certify that I att			2/	2/	19 to 5	18 1	050 the	at I last	saw th
	deceased a	live on 5/8			death occur		i., from th	he causes and o			
	23A. SIGNA	2-7-Kle	ines	-1.11		2623 E. U	ione	wort to	7 3	C. DATE	SIGNED
	4A. BURIAL, ON, REMOVAL (S Burial					Cemetery		Belair Rd			(State)
	ATE RECEIVE					25 FUNERAL P				DRESS	
	MAY TO	1950 turting	5 Mili	au.	4.00	Charles	Seil	6901 S. Co	nklin	g St.	
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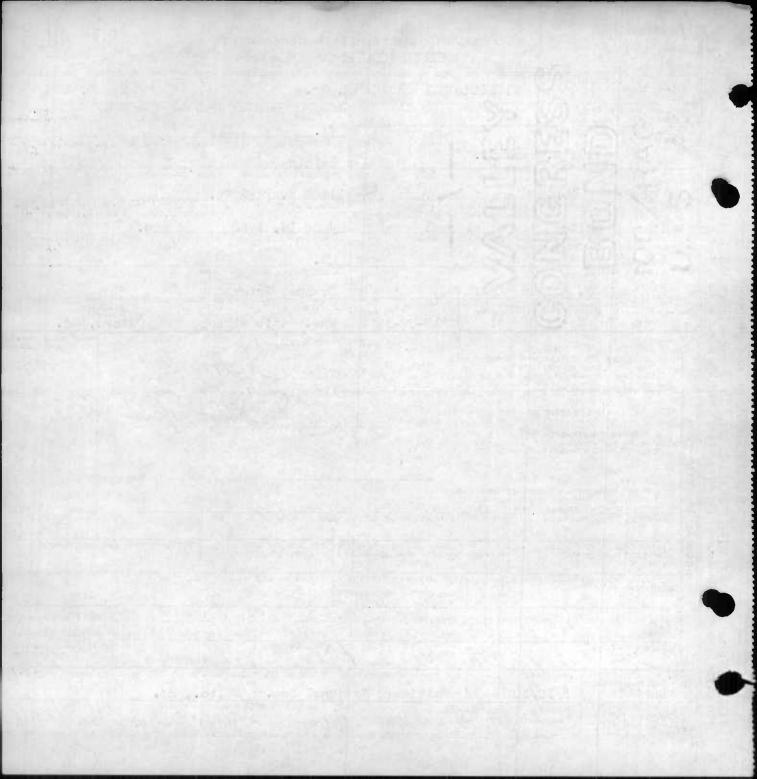
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BIRTH NO.
1. NAME O (Type or Pri
3. PLACE O
B. FULL NA HOSPITAL INSTITUTIO

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4305 Registered No. DECEASED 2. DATE nt) WILLIAM CHARLES COLGAN, Sr. May 9. 1950 OF DEATH F DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence re City. Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. location (If outside corporate limits, write RURAL and give C. CITY OR TOWN 1105 S. Paca St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1105 S. Paca Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male widowed white June 14. 1883 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? merchant marine Seaman Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin C. Colgan Frances Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or maknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO. World War 218-09-1885 Mrs. Katie Gibson Oxford. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK han 192 that I last saw the 22. I hereby certify that I attended the deceased from-195 to. deceased alive on han 192 . and that death occurred at 4 m. from the couses and on the date stated above. 23A, SIGNATURE 23g. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION 5/12/50 Burial Baltimore National Com. Balto. Md. DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtington / White Maries, Mil holener & spis =

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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE DATE OF AGE (In years II Under 1 Year last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF adoring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 0110 JULLER CVCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DIC 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from M "> 192 that I last saw the 1975 to 1950, and that death occurred at 10 Am., from the causes and on the date stated above. deccased alive on Mis 238. ADDRESS 23A SIGNATUR 230 DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY (State) 24B. DATE 24D. LOCA or wounty TION REMOVAL (Specify) DAD RECEIVED BY ADDRESS TURE UNERAL DIRECTOR LOCAL REGISTRAR

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() BII	4307 JL - 137822 BALTIMORE CITY HE CERTIFICATE		4307			
	NAME OF DECEASED Ruby Pearl Hummell	2. DATE OF DEATH 5-6-50				
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Wington hospital opinatit ut io n, give street address or	4. USUAL RESIDENCE (Where deceased lived, If insti-	tution: residence before admission)			
HC	FULL NAME OF BENEVI hospital ocinetitution, give street address or SPITAL OR SPITAL Sociation) 4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate limits, we Baltimore	township)			
	Length of stay in Baltimore 8 yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1640 E. Baltimore St31				
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDSWED, DIVORCED (Specify)	July 21, 1926 9. AGE (In years last birthday) 23 Months	1 Year Il Under 24 Hours Days Hours Min.			
10/ work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Housewife		CITIZEN OF WHAT COUNTRY?			
13.	. FATHER'S NAME Charles Bunch	14. MOTHER'S MAIDEN NAME Emma Bunch				
15 (Yes	. WAS DECEASED EVER IN U, S. ARMED FORCES? L. no or nnhnown) (If yes, give war or dates of service) SECURITY NO.	B. C. H. Records, 4940 Eastern				
ICATION	DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	enital Heart Disease				
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
CAL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
MEDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)			
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI					
	22. I hereby certify that I attended the deceased from May 5, 1950, to May 6, 1950, 19					
	deceased alive on May 6, 19, 50, and that death occur		ate stated above.			
	deceased alive on May 6, 19, 50 and that death occur 23A. SIGNATURE M. D.	23B. ADDRESS 23	ate stated above. 3c. DATE SIGNED -6-50			

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 10, 1950 WILKINSON EBERT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland West Virginia (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION University Hospital Parkersburgh D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1020 Quincey Street c. Length of stay in Baltimore Davs 6. COLOR OR RACE 9. AGE (In years | ff Under | Year | | ff Under 24 Hours | Months: Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH It linder 24 Hours WIDOWED, DIVORCED (Specify) Terried male white Sept. 20. 1901 20 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work doneduring most of working life, even if retired) WHAT COUNTRY? ir Pr 's Instructor Salem. Nest Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ben H. Hill:insen Eliza Tonce 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Milkinson NTERVAL BETWEEN 20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, obliterative coronary sclerosis XXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? EDI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [3], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER... 23A. SUSNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-/24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) I't. Olivet Constery חזדת ווייר Panin rahma " not Win inin DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTORA LOCAL REGISTRAR huntry stor / Yellands, Ma

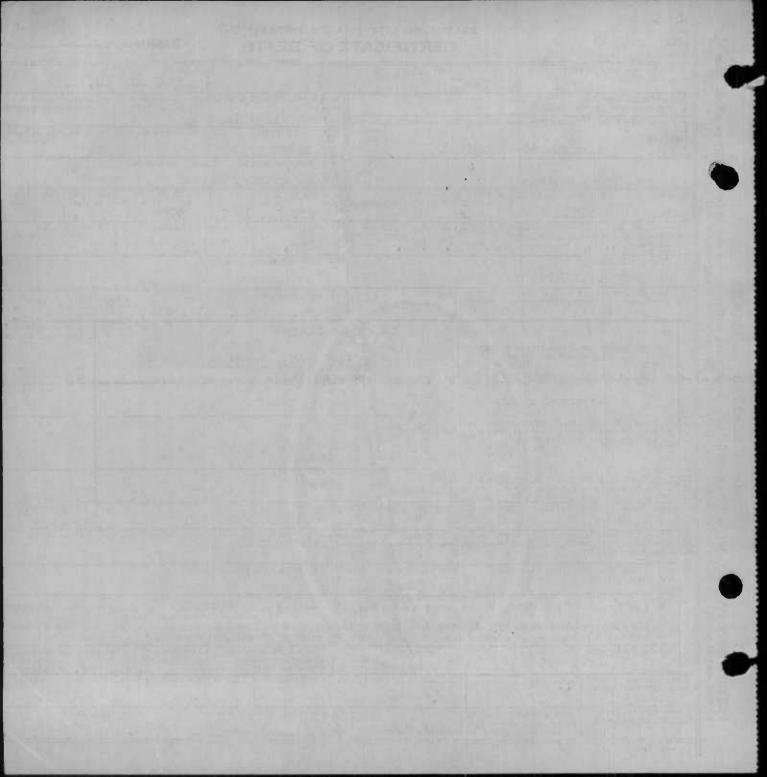
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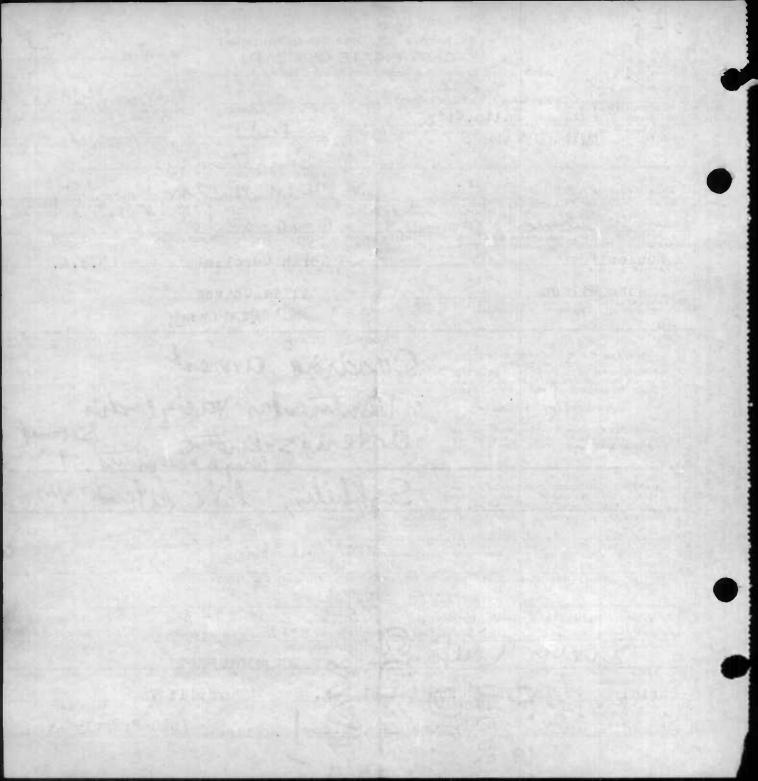
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0	4200)	BAI		ALTH DEPARTMENT	Registered No.		
В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered No.		
1	NAME OF D	ECEASED				2. DATE		
		MARY ELIZA	BETH H	REDDING.			lo 1950	
3	. PLACE OF D. Baltimore (City, Maryland 20	009 WA	LBROOK AVE.	4. USUAL RESIDENCE (V	Where deceased lived, If ins	titution: residence before admission)	
В	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or		CITY.	belove administrary	
	OSPITAL OR	NONE.		location)	c. CITY OR TOWN (If	outside corporate limits, v	write RURAL and give township)	
	120	NONE.			BALTIMORE CI		of township)	
			LIFE	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
	. Length of s	tay in Baltimore		Days	2009 WALBROOK			
2	. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		let I Yest H Under 24 Hours Min.	
	emale	white		rried	Jan. 23, 1887	63		
MOI	k done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KINI	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fe	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?	
_	Housev		at hom	10	Maryland			
1	3. FATHER'S				14. MOTHER'S MAIDEN N.	AME		
_		Winchester			Helena Imhoff			
(Y	os, no or unknown)	ED EVER IN U. S. ARMEE (If yee, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
_	no			no	Mr. Robert M. Ro	edding 2009 V	Walbrook Ave.	
	18. 1.1	JX.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	, ,	SE OR CONDITION					ONSET AND DEATH	
	(This does	LEADING TO DEA's not mean the mode of	of dying, e.		ARDIAC DILITAT	ION MAY 10 1	950.	
	heart failu	are, asthenia, etc. It mea	ans the diseas	e.				
Z		ANTECEDENT CAUS	5ES	CARCIN	OMIA OF GALL B	LADDER FEBRU	ARY 24.50	
2	DISEASE:	S OR CONDITIONS, I	F ANY, GIVII	NG HE DUE TO				
A	UNDERL	YING CONDITION LA	AST.	ne 552 . 0				
ERTIFICATION		Fillerich Kingsten		METASTAS	SIS OF THE LIV	ER. FEBRUARY	24 1950.	
E	OTHER S	II SIGNIFICANT CONDI	ITIONS CO	N -				
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .	NONE.			
1				FINDINGS OF OPER	ATION		20. AUTOPSY?	
Y	APRIL 6	5 1950 C.	ARCINO	MIA OF GAIL	BLADDER & LIV	ER.	YES NO	
EDICA	HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., infarm, factory, street, office bldg., e		If in Baltimore City, give	e exact location)	
ME								
-	OF INJURY	(Month) (Dsy) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?		
	OI MOOK!		m.	WHILE AT NOT WHILE				
	22. I hereh	ugertify that I att	ended the	กาค	Y 24 1950 , toMA	Y 10 1950, ,	that I last saw the	
	deceysed of	ive on MAY 10			red at 4.30 m., from t			
	234. SIGNA	TURE	0/		3B. ADDRESS		23c. DATE SIGNED	
	Coc	es, . U	Kai			REET. M	IAY 10 1950	
2 TI	4A. BURIAL, (SON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME of CEMETE	A STATE OF THE PARTY OF THE PAR	OCATION (City, town, or	county) (State)	
	Buria	5/13/50		New Cathedral	Cem. Balt	to., Md.	1	
	ATE RECEIVE		SSIGNATU	JRE /	23. FUNERAL DIRECTOR	A	DDRESS	
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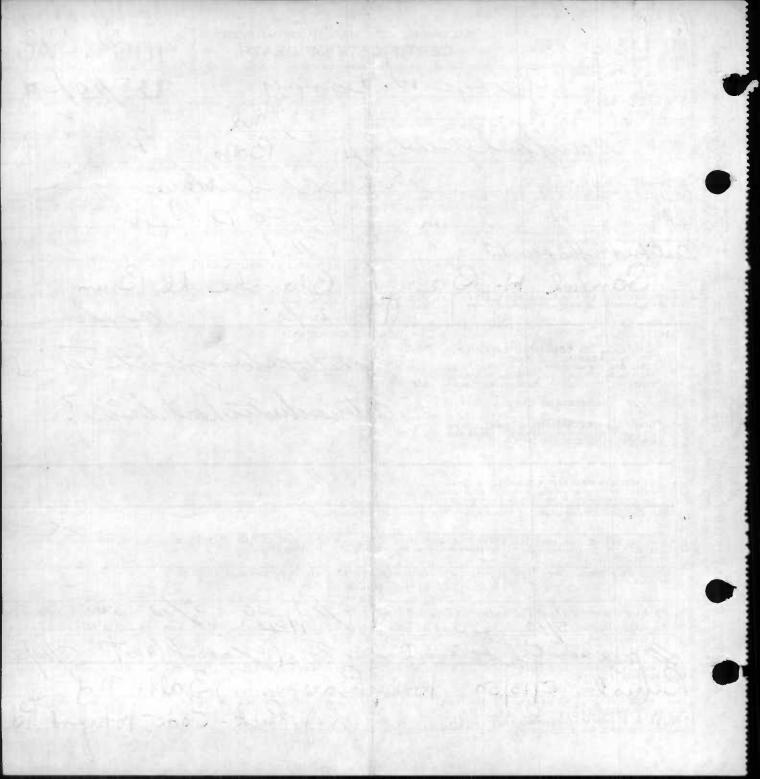
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C B	ВІ	RTH NO.			CERTII	FICAT	E OF DEA	ATH	Register	ed No.	
d.	1. (T	NAME OF DI	CEASED	· W.	atan	1			2. DATE OF DEATH	40009	1958
pplic	3. A.	PLACE OF DI Baltimore C	ity, Maryland	Balto.	City		A. STATE	SIDENCE (W	here deceased live B. COUNT		tation : residence before admission
fully supplied.	B. Ho	FULL NAME OSPITAL OR STITUTION	JON IS NOT IN	ns' nosipriz	ution, give stree	et address or location)	c. CITY OR TO	WN. (If	outside corporate	limits, wh	te CURAL and giv
full ly.	1						Bu	ltim	une k	2	township
	c.	Length of st	av in Baltimor	e 4 Yre	•	Yrs. Mos. Days	O. STREET AD	DRESS (If	rural, give location	n)	St
should be	5.	SEX	6. COLOR OR RA		LE. MARRIED		8. DATE OF BI	RTH	9. AGE (In year last birthday)	Months	1 Year If Under 24 Hour Days Hours Min
BINDING of information should uses of death clearly a	10	A. USUAL OCC	CUPATION (Give kin	ndof 10B. KIN	ID OF BUSIN	ESS OR	11. BIRTHPLAC	E (State or fo	reign country)	1 12.0	CITIZEN OF
on s		Housew	working life, even if ret	ired)		INDUSTRY	North	Caroli	กาล		S. A.
G mati eath	13	FATHER'S N					14. MOTHER'S	MAIDEN NA	AME		
of de	15	. WAS DECEASE	Wilson D EVER IN U. S. AF	MED FORCES?	16. SOCIA		17. INFORMAN	a Chave	98	ADDRE	FCC
BINDING of inform uses of dea	(10	, no or unknown)	(If yes, give war or	dates of service)	SECUF	RITY NO.	JOH 13	hopkins h	OSPITAL	ADDA	
		18. 49	211			CAUSE	OF DEATH				NTERVAL BETWEE
E ST		(This does	E OR CONDITION LEADING TO Do not mean the most	EATH de of dying, e	. g., (A)	:anc	has	an	ort		
Every write th		heart failur injury or	e, asthenia, etc. It complication whic	means the dise the caused dea	th.) DUE TO	11	- 1				***************************************
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MARGIN NFADING 19sicians:	RTIFIC	OTHER SI	GNIFICANT CO	NDITIONS C	on.	7 1	14	0 1	. 1.1		21/10
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WITH tant.	AL	19A, DATE O	F OPERATION (198. MAJO	R FINDINGS	OF OPER	RATION				YES NO
	EDIC,	LYING OR	ENT WAS UNDER		LACE OF INJU			E DID (I	f in Baltimore C	ity, give e	xact location)
impo	ME		Month) (Day) (Y	ear) (Hour)	21E. INJURY	OCCURR	ED 21F. HOW	DID INJURY	OCCUR?		
ally		OF INJURY		m.	WHILE AT WORK	NOT WHILE					
TE PL especia			eertify that I	attended th	e deceased f		-5	950, to 5		9.50th	at I last saw th
RITE is esp		deceased al	ve on 5	0 1930	. and that de		rred at 855 J	m., from ti	he causes and o		ate stated abov
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ASE ct a		BURIAL, C ON, REMOVAL (SI Burial	REMA- pecify) 5/13		New Be		Cem.		OCATION (City, t	own, or co	ounty) (State)
PLEAS	_	TE RECEIVED	BY REGISTR	AR'S SIGNAT		oner	25. FUNERAL		evill Va	ADI	DRESS
PH S		SALVEGE !	Kunt UCE	water	Minne	1/ 1000	777	***	TOOO F	mont'	7



Birth 50-09689-5710/50.

600	BARRY	
50 4312 BIRTH NO.	CERTIFICATE OF DE	1 1 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
1. NAME OF DECEASED (Type or Print)	eorge W. Barn	9 2. DATE OF 5/10/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	B. COUNTY before admission
B. FULL NAME OF (If not in both HOSPITAL OR INSTITUTION)	pspital or institution, give street address or logation) C. CITY OR	TOWN (If outside corporate limits, write RURAL and gi
c. Length of stay in Baltimor	e 56 Mos. Days 30 2	ADDRESS (If rural give location)
5. SEX COLOR OR RA	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	BIRTH 9. AG (In years If Under I Year Minder 24 Hours Minder 2
Certification working life, even if ret	ired) 10B. KIND OF BUSINESS OR II. BIRTHPL	ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	H. Barry Bla	is MAIDEN NAME Le Brun
15. WAS DECEASED EVER IN U. S. AF (Yes, no or unknown) (If yes, give war or	dates of service) 16. SOCIAL SECURITY NO. 17. INFORM	ANT ADDRESS O above
Z O DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION U L	de of dying, e. g., means the disease, ch caused death.) AUSES S, IF ANY, GIVING (A) STATING THE DUE TO	istichent dien?
OTHER SIGNIFICANT CO	BUT NOT RELATED	
194. DATE OF OPERATION 2	198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	2 1B. PLACE OF INJURY (e. g., in or 2 1c. WH about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Y OF INJURY	ear) (Hour) 21E. INJURY OCCURRED 21F. HOW	V DID INJURY OCCUR?
deceased alive on 5/10	attended the deceased from 5/10	190, to 5/10, 195, That I last saw t
23A. SIGNATURE	, 19 Vand that death occurred at 4	An., from the causes and on the date stated abov
23A. SIGNATURE 23A. BURIAL REMA- 24B. DAT YOU RENOVAL (Specify)	23B. ADDRESS 24C. NAME OF CEMETERY OF CREMA	An., from the causes and on the date stated above Scarcel Act 23c. DATE SIGNED (10) X
230 BURIAL TREMA- TOW REMOVAL (Specify) 5	23B. ADDRESS 24C. NAME OF CEMETERY OR CREMA 3 50 John Laden 25 FUNERA	An., from the causes and on the date stated above Glesselltest 23c. DATE SIGNED State STATE SIGNED STATE S

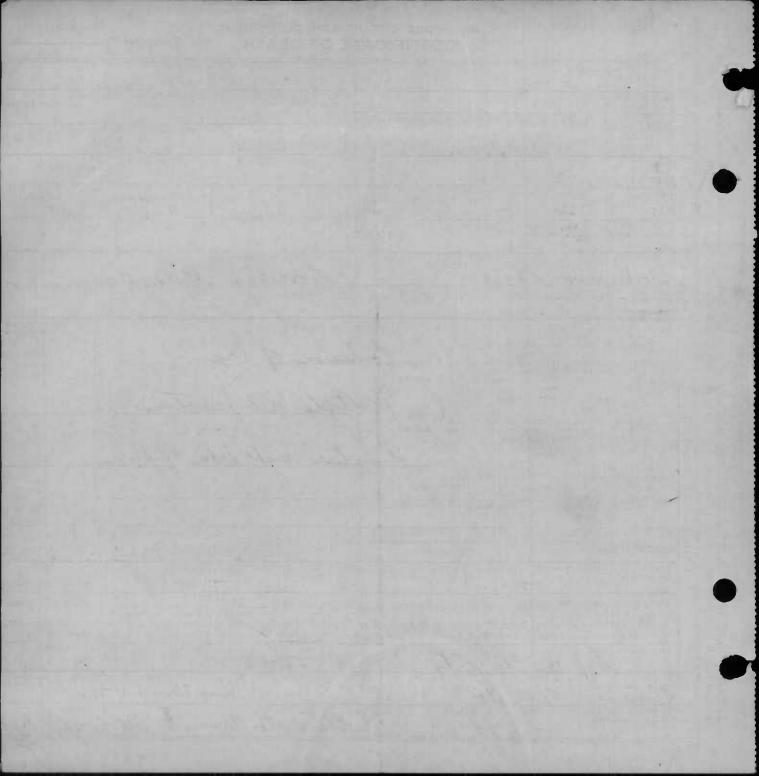
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	NAME OF DECEASED			12. DATE	
	ype or Print) JOSE	PH GREEN		OF May	7 9, 1950
	PLACE OF DEATH: Baltimore City, Maryland	\	4. USUAL RESIDENCE (If institution : residence before admiss
HC	OSPITAL OR ISTITUTION	ital or institution, give street address o location	c. CITY OR TOWN	If outside corporate lim	nits, write RURAL and towns
2	Univ	ersity Hospital Yrs.	Atlanta	f rural, give location)	
C.	Length of stay in Baltimore	Mos. Days		,	
5.	SEX 6.COLOR OR RACE		B. DATE OF BIRTH	9. AGE (In years last birthday)	H Under I Year If Under 24 Months Days Hours
	A. USUAL OCCUPATION (Give kind a done during most of working life, even if retire		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNT
13	FATHER'S NAME		14. MOTHER'S MAIDEN I		10.1
1 =	WAS DECEASED EVEN US ARM	reen	Cornelia	Bilech	a
	i. WAS DECEASED EVE N U.S. ARM n, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. E812.4		OF DEATH		
TIFICATION	DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION	DIRECTLY ATH of dying, e.g., caused death.) JSES IF ANY, GIVING) STATING THE AST. (C) Frace	tiple nit for	isotures bis 4 fibre	ONSET AND O
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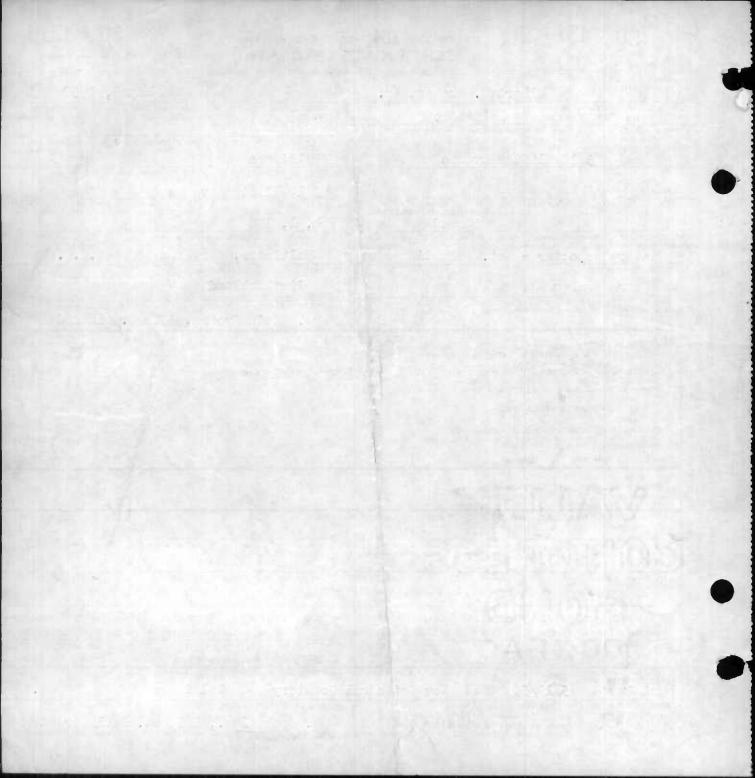
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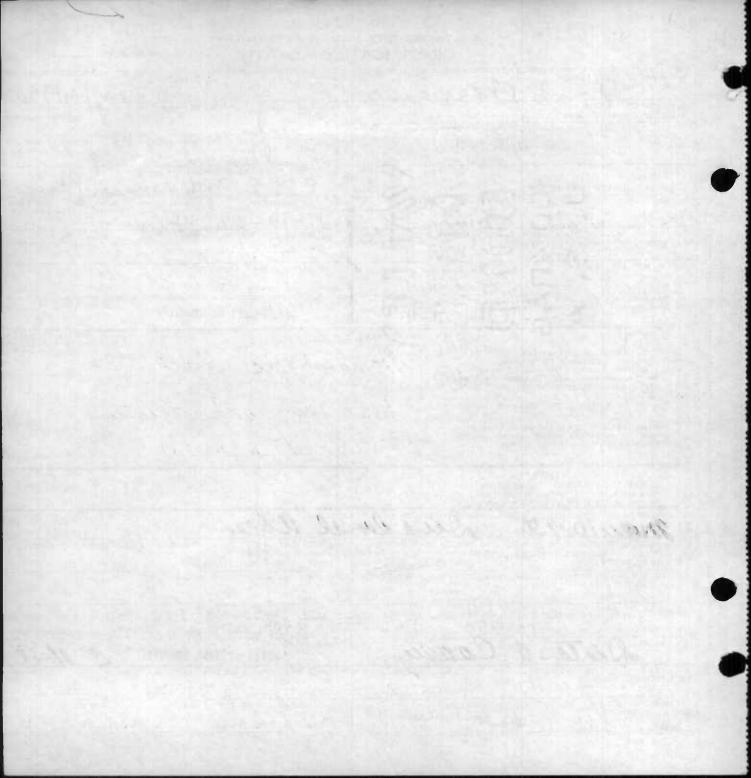
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MAKGIN KE	UNFADING IN	Physicians: ples
	LY, WITH	important.
	RITE PL	e is especian,
	AS	ect age

50 4316 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH May 9, 1950 Albert C. Craham, Sr. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Baltimore A. STATE Haryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If out ide corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 3610 Clifton Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 3610 Clifton Avenue 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years If Under I Yeer last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Feb. 1. 1888 Lidowed 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S. ... water Inspector - Ret. Baltimore Ci Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Graham Amelia Kirkland 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Edwin Graham. 1318 N. Linwood INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY chronic Myocardelis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or | 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE ! WORK 22. I hereby certify that I attended the deceased from May 8 , 1950, to May 9 , 1950, that I last saw the . 19 50, and that death occurred at 10 a.m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2324 Reisterstown Rd husy 10,1950 M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) (State) New Cathedral Cemetery | Baltimore burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Intustor Williams, Mill Mm. Cook, Inc., 1217 St. Paul Street VS 150





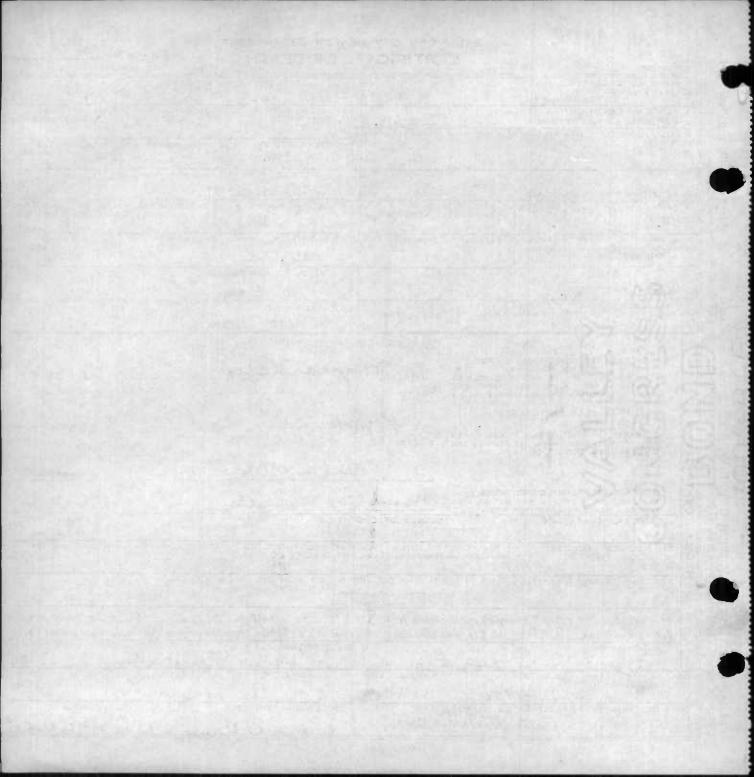
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	ully	7.
MAKGIN KESEKVED FOR BINDING	E PLA Y, WITH UNFADING INK. Every item of information should be could be could be considered.	the causes of death clearly and leg-
KESEKVED	INK. Eve	please write
MAKGIN	UNFADING	Physicians:
	Y, WITH	mportant.
	E PLA	speciall

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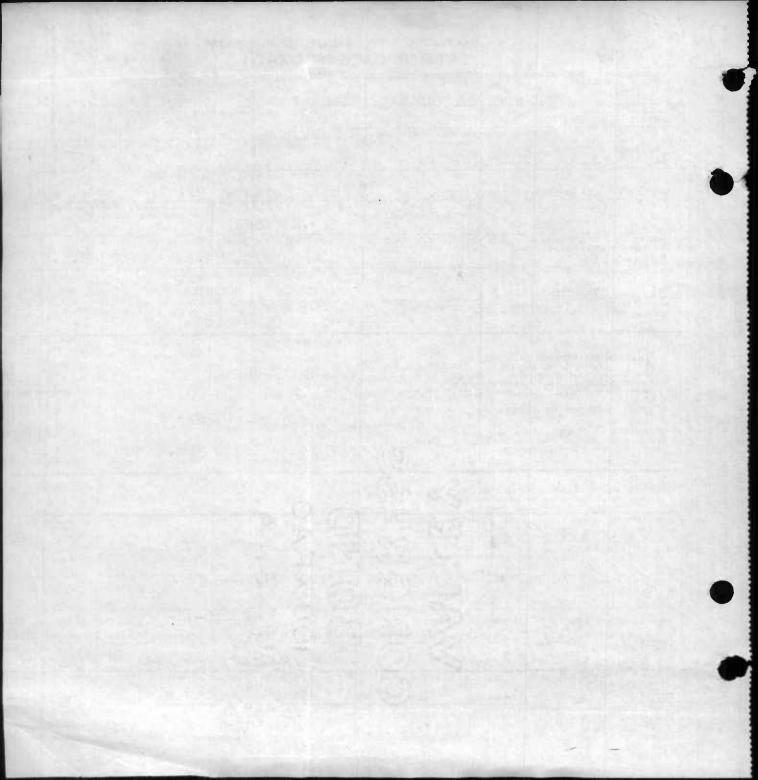
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

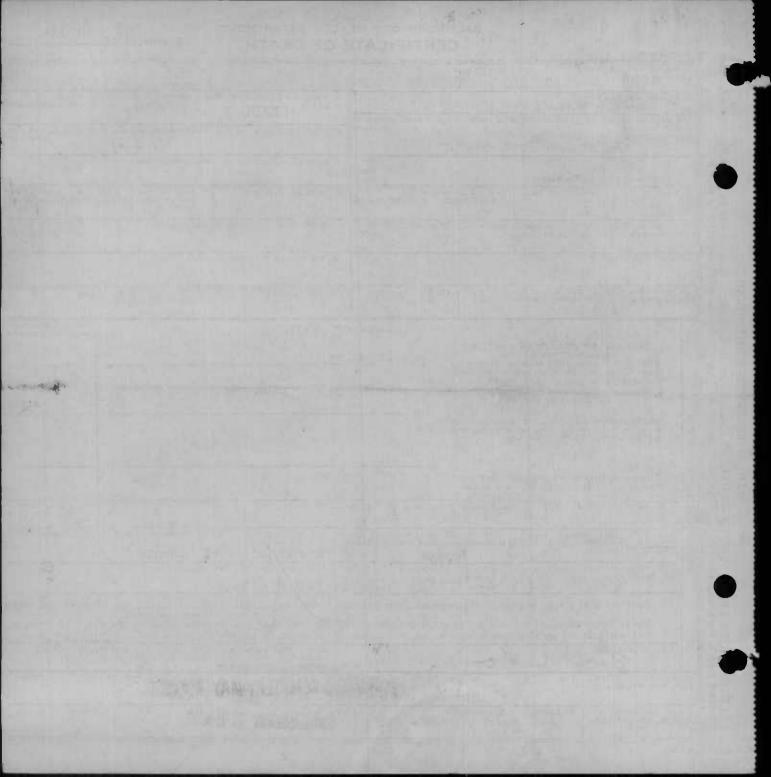
BIR	TH NO.						
1. N (Typ	NAME OF Dope or Print)	eceased elle Scott				2. DATE OF DEATH	May 8,1950
A. E	PLACE OF D Baltimore (EATH: City, Maryland	1012	Gilmor St.	4. USUAL RESIDENCE (WA. STATE	Where deceased live B. COUNTY	
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate l	limits, write RURAL and give township)
c. I.	ength of s	tay in Baltimore	li	fetime Yrs. Mos. Days	D. STREET ADDRESS (If		1)
5. S	F.	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. (ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In year: last birthday)	Months Days Hours Min.
10A. work d	. USUAL OC oneduring mosto housewi	CUPATION (Give kind of frorking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Balto.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
	Charles	Gibson			Ann Gibson		
15, (Yes,	WAS DECEASE no or unknown) NO	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Edward Gibso	m	ADDRESS
	18. 44	3 X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	EE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which	TH of dying, e. : ons the diseas	se,	preandition		2 years
NOIT	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) I'NG CONDITION LA	F ANY, GIVING TI	NG (B) JJ	estensión		leydre
CERTIFICATION	ONDERE	11		(c)	interio Scla	wi	uyhu.
CER	TRIBUTING	IGNIFICANT COND. TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED Dicilie	to medeating		lenglen
AL	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	ebout home,	ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,		f in Baltimore Ci	ity, give exact location)
	21b. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereh	y certify that I att	ended the	deceased from 9-	19 - , 1948, to	2-8 1	9 Sq that I last saw the
	deceased al				rred at 8.314m., from t		
	23A. SIGNAT	mch. A	Baun	der M.D.	10 29 N S	trigler	23c. DATE SIGNED 5- 10-50
Z4A TION	N. REMOVAL (S	pecify)	950	Mt Auburn	RY OR CREMATORY 24D. L	ocation (City, t	own, or county) (State)
	TE RECEIVE		10.1		25. FUNERAL DIRECTOR		some culled it
-	VC 150		4	in the state of th			

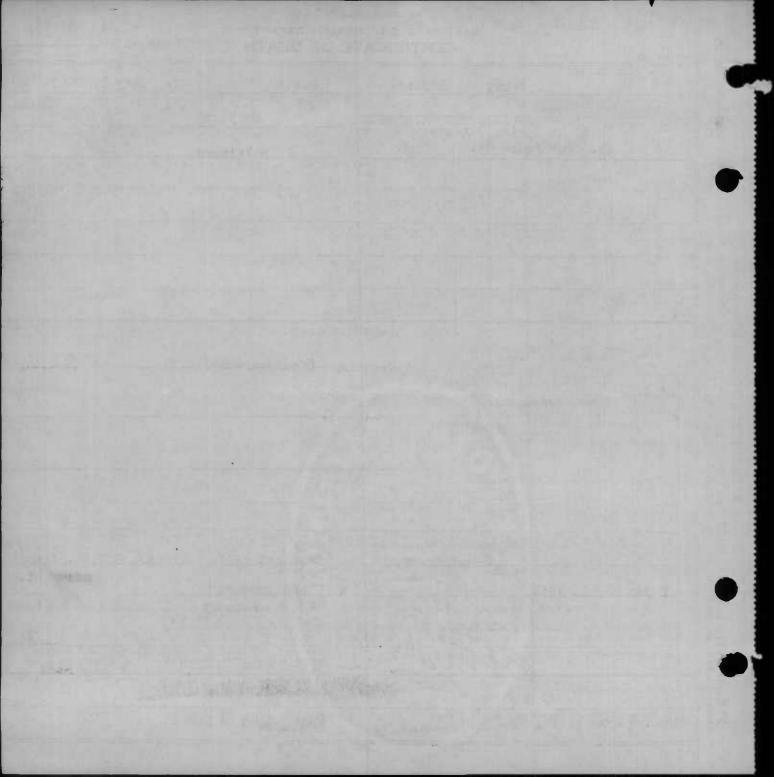


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50	1 431 RTH NO.	7	ВА	CERTIFICAT			Registere				
1. (Ty	NAME OF DE			2			2. DATE OF	-		0.50	
	PLACE OF DE		ry /	Liverta D	renner	ENCE (W		d. If inst			
B. F	TULL NAME C	ity, Maryland OF (If not in hospital	al or institu	tion, give street address or	Maryland		B. COUNTY		befor	e admis	sion
	SPITAL OR			location)	C. CITY OR TOWN	(If	outside corporate l	imits, w	rite RUI	RAL and	
9	2	3131 North	nway l)rive Yrs.	Raltimore o. STREET ADDRE		ural give logation	1-6	77		- Jane
c.]	Length of st	ay in Baltimore	3 1	Mos. Days	3131 Nort			,			
5. 5		6.COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	1	9. AGE (In years last birthday)	Months		lf Under 24 Hours	Hours Min.
10/	. USUAL OCC	CUPATION (Give kind of working life, even if retired)			11. BIRTHPLACE (S		reign country)	12.	CITIZE		
	housew:	ife	at	t home	Sharpsbur				WHAT	COUN	TRY
13.	FATHER'S N				14. MOTHER'S MAI			- 10			
15.	WAS DECEASED	Drenner DEVER IN U.S. ARMED	FORCES?	16. SOCIAL	Mary Jane	Dome	er				
(Yes,	no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Glenn D.	Swain	n	ADDF	RESS -		
CERTIFICATION	DISEASES RISE TO TH UNDERLYI	not mean the mode of e, asthenia, etc. It mean complication which complication which complication which complication which complication with the complication of the c	TIONS COINOT RELATI	(B) Cancer (B) Cancer (C) Perine (C)	of rectum			0	3	yrs	•
,	19A. DATE OF	OPERATION 0 1	SB. MAJOR	FINDINGS OF OPER					20. A	UTOPS	Y ?
EDICAL	Jan. 21a. ACCIDE LYING□ OR CAUSE OF D	NT WAS UNDER-	218. PL	O-Carcinome ACE OF INJURY (e. g., in farm, factory, atreet, office bldg.,	n or 21c. WHERE DI	ID (If	in Baltimore Ci	ty, give	exact lo	No eation)	175-0
Σ -		Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY	OCCUR?				
		eertify that I atte	ended the	deceased from	an 19 4	,			hat I la		
	deceased ali	URE LU	19 50 Now	and that death occur	3B. ADDRESS	from the	2004s		3c. PAT		NED
TIOI	BURIAL, CEN, REMOVAL (Sp	REMA- ecify) 24/B. DATE 5-15		Mt. View	Cemetery		rpsburg,		, ,		ate)
	TE RECEIVED	BY REGISTRAR'S	SIGNAT		25. FUNERAL DIRE	ECTOR	lliamspo	AC	DRESS		
	VS 150			1,10		and .	111	7)			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF EUSEBIO ITUARTE FRADUA April DEATH ully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Harbor off Fort McHenry (If rural give location) information should be information sof death clearly and legibly Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Male White 53 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVEN IN U. S. ARMED FORCES? Yes, no or unknown) / Vyos, give war or dates of service) 16. SOCIAL **ADDRESS** (Yes, no or unknown) SECURITY NO. causes of NTERVAL BETWEEN CAUSE OF DEATH Every item write the cau ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drowning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT WITH MEDICA 21A. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Harbor off Fort McHenry Harbor 21F. HOW DID INJURY OCCUR? OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 10:35 Am. Fround drowned Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry RITE is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 238 CHIEF MEDICAL EXAMINER 23A, SIGNATA age MEDICAL INVESTIGATOR 950 county) PLEASE 24A. PURIAL, CREMA TION, REMOVAL (Specify 248, DATE 24C. NAME OF CEN DATE RECEIVED BY REGISTRAR'S SIGNATURE . ADDRESS LOCAL REGISTRAR hunting for / YM will , 1 / 1 VS 151





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	'n	4320	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	Registered No	4320
4	BI	ятн 4320	02:(11:10/(1:			
	1.	NAME OF DECEASED	Nusbaum		OF Mat	11,1950
	A.	PLACE OF DEATH: Baltimore City, Maryland B		4. USUAL RESIDENCE (Wh		stitution: residence hefore admission)
	HC	FULL NAME OF (If not in hospital OR	location)	C. CITY OR TOWN (If or	atside corporate limits,	-14-101111-43
	IN	Shrivers Nursing	Home, Hilton St.	Baltimore, Ma	ryland ,	toy pship)
0	6	Length of stay in Baltimore	50 yrs. Mos. Days	D. STREET ADDRESS (If ru		
	and the later of t	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	O ACE (In yours Hills	der 1 Year It Under 24 Hours
9		Male White	Married (Specify)	Feb.28,1870		hs Pays Hours Min.
	work	A. USUAL OCCUPATION (Give kind of cone during most of working life, even if retired)	Insurance collec	11. BIRTHPLACE (State or fore	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
-	13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
		Fredie Nusbaum		Barbonet Schl	eisner	
	15	. WAS DECEASED EVER IN U. S. ARMEE		17. INFORMANT	ADI	ORESS
	(200	No	security No.	Minnie Nusbau	m 2904 Alle	endale Rd
		18. 3.314.	CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEASE OR CONDITION	DIRECTLY	11. 1		
		(This does not mean the mode of	71 UJ1116. C. S., (A)	444 mia	****	240.
		heart failure, asthenia, etc. It mea injury or complication which o	caused death.) DUE TO			
		ANTECEDENT CAUS	SES Yan	1.101.	Ce "	
	Z	DISEASES OR CONDITIONS, II	(B) VEUS	evalued a Mario	- fccoon13	104151
4	RTIFICATION	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	endinal Arterio		
	F C		6 En	elese Haumber	4	344.
		-II	(C) 9			
	CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	······································		
	AL	19A. DATE OF OPERATION 0 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	EDIC,	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, ferm, factory, street, office bidg.,	n or 21c. WHERE DID (If	in Baltimore City, giv	e exact location)
1	ME	21D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUP?	
		OF INJURY (Month) (Day) (Year)		ZIF. HOW DID INJURY	OCCUR	
			m. WHILE AT NOT WHILE			
		22. I horoby contifu that I att	anded the deceased from	CMT 1044 to 5	- // 1010	that I last saw the

1950, that I last saw the deceased alive on 5. 10. 1950, and that death occurred at_ .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED durvulan Lutaw

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATOR

Baltimore. Baltimore Md. Hebrew ADDRESS

1950 REGISTRAR'S SIGNATURE

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	and the special property of the special			0.4 (0.1)
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DATE RECEIVED BY LIGHT REGISTRAR

Huitington Williams, ME

				2. DATE			
	NAME OF DECEASED Type or Print) ARLENE	JACKSON			25, 1950		
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution : residence before admission		
В. Н	. FULL NAME OF (If not in hospital or in IOSPITAL OR NSTITUTION	nstitution, give street address on location)		outside corporate limits, v	vrite RURAL and s		
_	Provident Hos	pital Yrs.	Baltimore D. STREET ADDRESS (If r	ural give location)	01		
C.	. Length of stay in Baltimore	Mos. Days	2419 Stockton Street				
	SEX 6. COLOR OR RACE 7. S. W. W. T. S. W. T.	INGLE, MARRIED. IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years li und last birthday) Month			
	OA, USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. ATRTHPLACE (State or for	reign country) 12	WHAT COUNT		
13	3. FATHER'S NAME	N	14. MOTHER'S MAIDEN NA	ME			
		0	0				
	5. WAS DECEASED EVER IN U.S. ARMED FORCE (If yes, give war or dates of serv	CES? W 16. SOCIAL SECURITY NO.	17. INFORWANT N	ADD	RESS		
IFICATION	11	death.) DUE TO (B)					
ERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED					
Ü		AJOR FINDINGS OF OPER	RATION		YES X NO		
EDICAL.	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
ME	210.TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	Time.		
	22. I certify that I took charge of the remains described above, keld an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes & accident , suicide , homicide , undetermined . 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER						
	the evidence obtained by said	the remains described of Autopsy, Inspection or	Autopsy, I Inquiry, find that said de [K], accident [], suicide	nspection or Inquiry coased died on the, homicide, und	day s eterm		

INVESTY MAICH SCHOOL MAY 1 0 1950

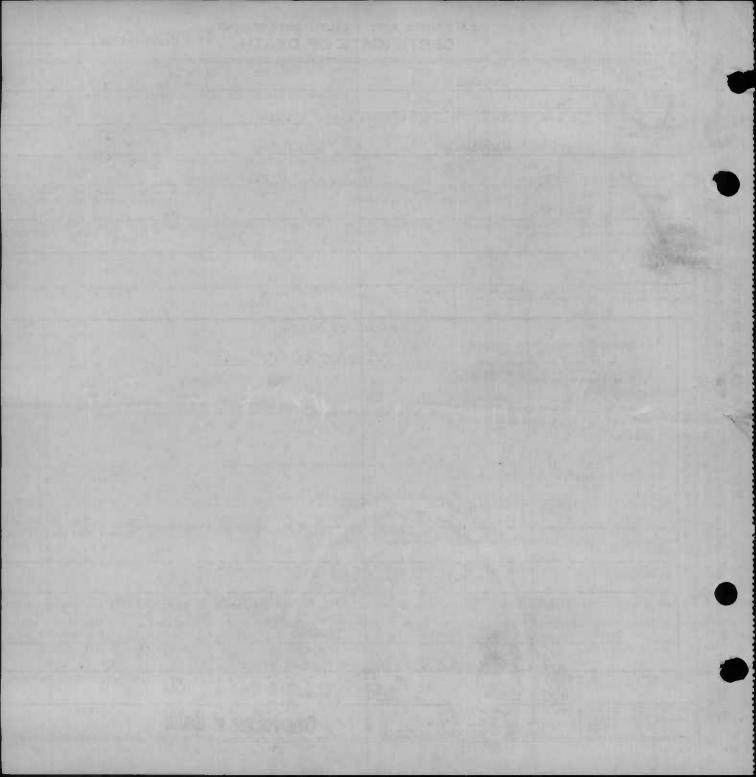
25. FUNERAL DIRECTOR

Commissioner of Health

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B	IRTH NO.	50	4322	ВА		EALTH DEPARTMENT	Registere	0 43 ed No	Ed (2)
1.	NAME OF Daype or Print)		HOMAS	CHAPMAI	N		2. DATE OF DEATH May	v 1. 195	50
	PLACE OF D	DEATH:				4. USUAL RESIDENCE (d. If institution	
H	FULL NAME OSPITAL OR ISTITUTION	OF	'f not in hosp	ital or institu	ation, give street address o location		If outside corporate l	imits, write R	
	9	Pi	rovident	Hospit	al	Baltimore	17-	-03	township
					Yrs. Mos.	D. STREET ADDRESS (I)	
200.00	Length of		Baltimore	T = 0.11.01	Days			(40 + 10	
5	male		olored		LE, MARRIED, WED, DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (In years last birthday)		H Under 24 Hours Hours Min
10 wor	A. USUAL OC k done during most	CUPAT of working	TION (Give kinds g life, even if retires	of 10s. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)		ZEN OF
13	B. FATHER'S	NAME			N	14. MOTHERYS MAIDEN I	VAME	1	
					0		100		
1:	5. WAS DECEAS	ED EVE	R IN U.S. ARM	ED FORCES?	I 16 SOCIAL	17. INFORMANW		ADDRESS	
(Ye	u, no or unknown	(If y	es, give war or da	tes of service)	SECURITY NO.	N		ADDRESS	
	18. Uo	rX			CAUSE	OF DEATH			RVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Dulmonomy tubencylogic								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
Ĕ			CONDITION		THE FOC TO				
2			1500-15		(C)				
RTIFICATION	OTHER :	OTHER SIGNIFICANT CONDITIONS CON-							
田田	TRIBUTIN	G TO TI	HE DEATH, BU	T NOT RELAT	TED				
O	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							AUTOPSY?	
DICAL	21A. EXTER	NAL C	AUSE WAS	218. PL	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore Cit	y, give exact	
EDIC	PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH.					etc.) INJURY OCCUR?			
Σ	210. TIME OF INJURY	(Month)) (Day) (Yea:		21E. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?		
	n. work AT WORK								
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state								
	and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undet 23a. SIGNATURE								
	23A. SIGNA	IURE	(K)	Fri	la	ASSISTANT MEDICAL	EXAMINER	May 1.	
	4A. BURIAL. ON, REMOVAL (S		2.B. DATE			MEDICAL INVESTIGA			
D	ATE RECEIVE	D BY	REGISTRAF	R'S SIGNAT	URE	25. FUNERAL DIRECTOR	4 00 10	ADDRES	SS
Lo	MAY 12	RAR 1950	Him	as In	Williams, M. P.	Commissioner •	I Health	ADDITE	
VS	151			0	XV	X99 -1.1.		13B	1



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ADING INK. Every item of information should be efully supplied.	te the causes
INK. E	please wri
ADING	icians:

4323

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 4323

BIRTH NO.							
1. NAME OF D (Type or Print)					2. DATE		
	Katherine	W. Mi	ros		DEATH M CL		
3. PLACE OF E	City, Maryland 2	2015 R	emblewood R	4. USUAL RESIDENCE	(Where deceased lived.) B. COUNTY	I institution : residence before admission)	
B. FULL NAME	OF (If not in hospit	al or institut	tion, give street address of	Marylan			
HOSPITAL OR	015 Ramblev	d boos	location	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give	
00 -	OTO WANDIA	ood n	ogu	Baltimore	27-	-68A township)	
THEELICH			Yrs.	D. STREET ADDRESS (If rural, give location)		
c. Length of s	stay in Baltimore	43	Years Mos.	2015 Ramblev	rood Road		
5. SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours	
Female	White	W1	dow	April 5 1864		ionths Days Hours Min.	
10A. USUAL OC	CUPATION (Give kind of	10B. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF	
fork done during most	of working life, even if retired)	Non	INDUSTR	Poland		WHAT COUNTRY?	
13. FATHER'S	NAME	11011	0	14. MOTHER'S MAIDEN	NAME		
antho	Wir v	robek		Quala de			
15. WAS DECEAS	ED EVER IN U. S. ARMEI		16, SOCIAL	unkman			
(Yes, no or unknown)	(If yes, give wer or date	s of service)	SECURITY NO.	17. INFORMANT	1.0. 1	ADDRESS 20 15	
			1320-01-6891	Amy augustine	Willenski	Rambolenmed	
18. 47	2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEA	SE OR CONDITION	DIRECTLY	20				
(This doe	LEADING TO DEA s not mean the mode	of dying, e.	E., (A) Che	our my orand	to	140	
heart fail	ure, asthenia, etc. It mes complication which	ins the diseas	se,			100	
			and a contract	us see so		190	
7	ANTECEDENT CAUSES						
DISEASE	S OR CONDITIONS,				7		
	THE ABOVE CAUSE (A)		HE DUE TO				
0							
<u> </u>	11		(C)				
OTHER	SIGNIFICANT COND						
	G TO THE DEATH, BUT DISEASE OR CONDITION			***************************************			
19A. DATE	OF OPERATION () 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
Y .						YES NO	
21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg		(If in Baltimore City,	give exact location)	
Σ							
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJU	RY OCCUR?		
OF INSURT		m.	WHILE AT NOT WHILE				
22 12					2 10:	T. 41 -4 7 1 -4 41	
		ended the	deceased from	1 1230	134 9 , 134	R, that I last saw the	
23A. SENA	live on hay 9	_, 19.00,	and that death occi	23B. ADDRESS	the eauses and on	the date stated above.	
ZSA. BIGNA	1 V			426 S. Petters	P. A. Am		
24A. BURIAL.	CREMA- 24B DATE		M. D. 24c. NAME of CEMET		LOCATION (City, tow	n, or county) (State)	
TION, REMOVAL	Specify)	2 101	0 8.		1) 14.	4	
Burial	may 1	3 1950	Italy Kase		Jallamar	ADDRESS ADDRESS	
DATE RECEIVE		S SIGNATU	JRE '	5. FUNERAL DIRECTOR	*	ADURESS	
	- Thuiting	on /Yelle	Laure, Mylls	Hope by Web	er 4010.	Chestey Ite	
VI AN TO SERVE	DU A						

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1-	250 50	432
9	BIRTH NO.	
E	I. NAME OF DEC	EASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

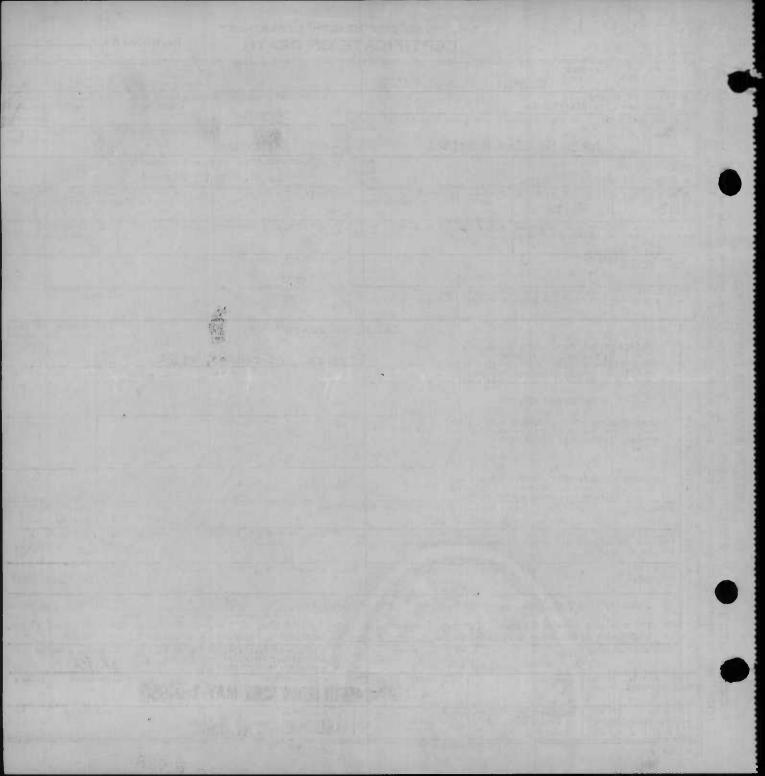
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81	CERTIF	ICATE	E OF DEATH	Registered N	10		
	NAME OF DECEASED THOMAS HAGI	EN		2. DATE OF DEATH May	3, 1950		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If	institution : residence before admission)		
B. H0	FULL NAME OF (If not in hospital or institution, give street a SPITAL OR STITUTION Johns Hopkins Hospital	address or location)	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limit	write RURAL and give township)		
c.	Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If				
5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCE	D (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Heurs nths Days Hours Min.		
	A. USUAL OCCUPATION (Givekindof done during most of working life, even if retired) K	S OR DUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME N		14. MOTHER'S MAIDEN NA	AME			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war or dates of service) N 6. SOCIAL SECURIT	TY NO.	17. INFORMANT	Α	DDRESS		
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Ce	erebral hemorrhage	, right			
ERTIFICATION	(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (OF OPER	ATION		20. AUTOPSY?		
EDICAL	21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ about hnme, farm, factory, street, CAUSE OF DEATH.		f in Baltimore City, g	give exact location)			
M							
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\mathbb{L}\), suicide \(\mathbb{L}\), homicide \(\mathbb{L}\), undetermined \(\mathbb{L}\).						
	23A. SIGNATURE J. Ine Clafferty		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 23 EXAMINER 21 OR	c. date signed 5/4/50		
Z/ TI	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	CEMETE		Y 1 0 1950	or county) (State)		
	TE RECEIVED BY REGISTRAR'S SIGNATURE	Y.JE	Commissioner of He	elth	ADDRESS		

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M	420 50 4325 BALTIMORE CITY H		4325
he		E OF DEATH Registered No.	1020
Sd. J	1. NAME OF DECEASED (Type or Print) Thulcahy	2. DATE OF OF DEATH	29.50
supplied.	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If insti	ution: residence before admission)
IIIy	HOSPITAL OR INSTITUTION 846 W. Fayette St.		township)
Ibly.	Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	
10	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under last birthday) Montlis	l Ysar Days Hours Min.
n shou clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 1NDUSTR		CITIZEN OF WHAT COUNTRY
NG rmation death cl	13. FATHER'S NAME N	14. MOTHER'S MAIDEN NAME	
R BINDING on of information causes of death cl	15. WAS DECEASED EVER IN U.S. ARMED FORCES? W 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of mervice) SECURITY NO.	O 17. INFORMANT ADDR	ESS
RESERVED FO FINK. Every ite	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Te Cardiac Dilitation lir-Varcular Desease	Sudden
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
WITH tant.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
Y. W	HOMICIDE (Specify) about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give (,etc.) INJURY OCCUR?	exact location)
Q _i	Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK AT WORK		
VRITE PL	22. I hereby certify that I attended the deceased from deceased alive on War 1, 1950, and that death occu	nred at m., from the causes and on the de 23B. ADDRESS	
WRI age is	24A. BURIAL. CREMA- 24B. DAVE 24C. NAME OF CEMET.	T 53 W. FOSTED CT	May 2-50
PLEAS Correct age	DATE RECEIVED BY REGISTRAR'S SIGNATURE .	25. FUNERAL PRESIDENTIAN OF Health	DRESS
H 2	VS 150 Hutington Williams, M.	Commissioner of Health	0-5

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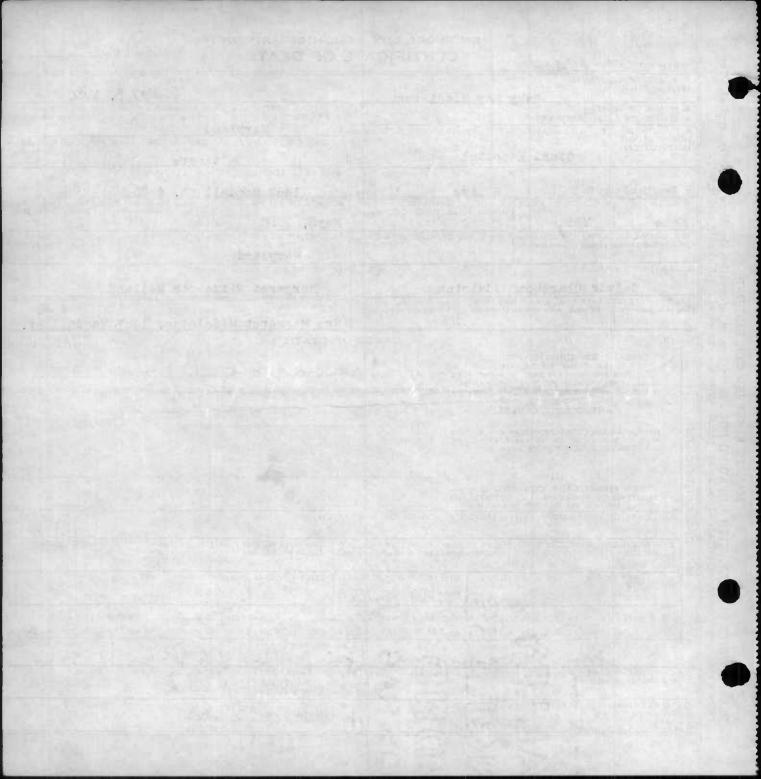
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-09208 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH MAY 5. 1950 Raby Roy Middleton 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sinai Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1467 Woodall St. # 20
OF BIRTH

9. AGE (In years li Under 1 Year Months; Days Hours Min. Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 23 Male May3, 1950 IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calvin Clarence Middleton Margaret Elizabeth Weiland 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS # 20 (Yes, no or unknown) SECURITY NO. Mrs Margaret 1467 Woodall St. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES TION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 2 Ic. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK 1950 to Ma 22. I hereby certify that I attended the deceased from . 19 50 that I last saw the . 19 2 and that death occurred atd deceased alive on Mes 16 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED age 24A. BURIAL. CREMA-TION, REMOVAL (Specify) PLEAS. correct DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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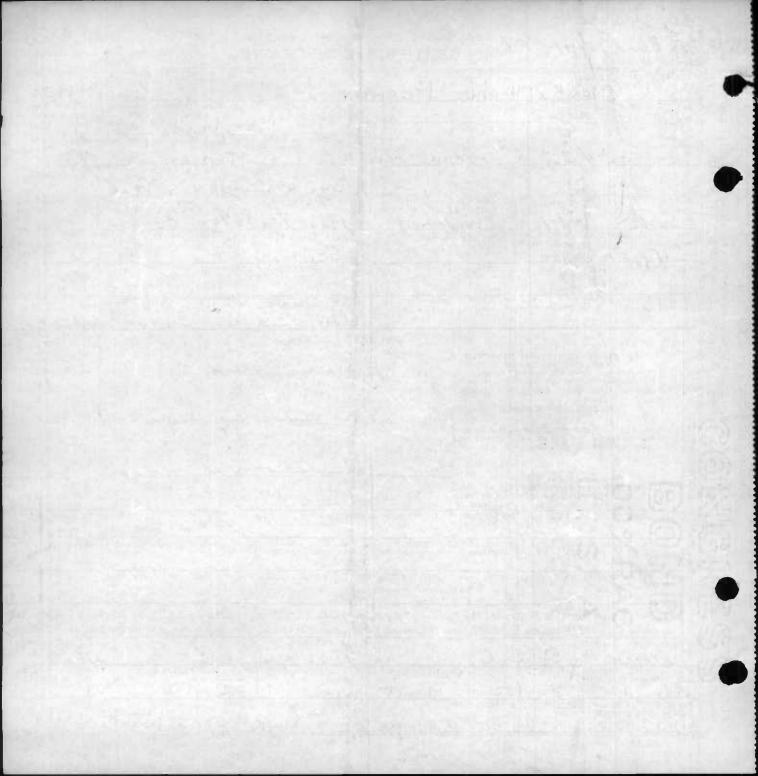
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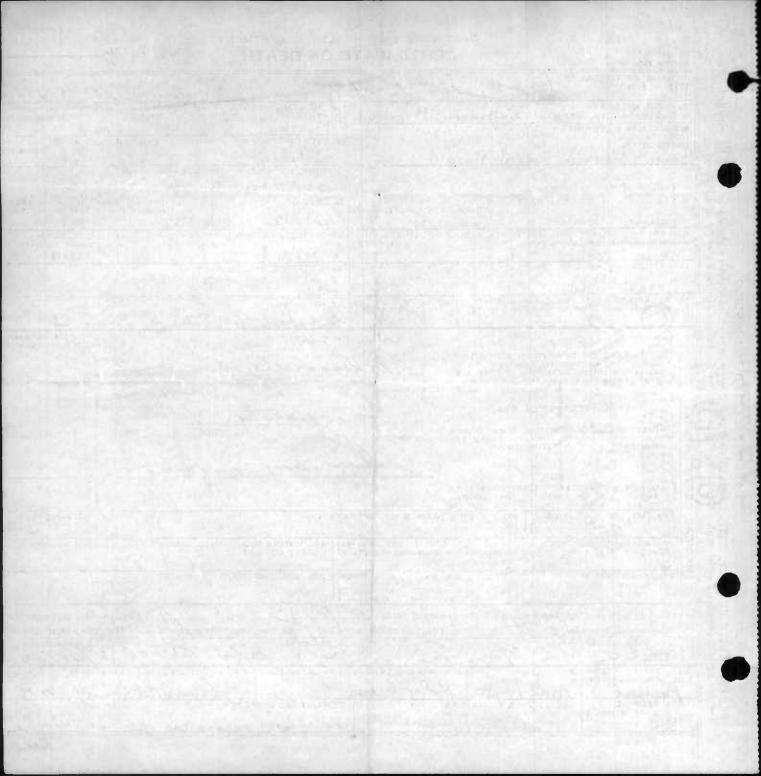
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) OF May 10-1950 TERMAN DEATH 4. USUAL RESIDENCE (Where deceased lived, If is stitution: residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location HOSPITAL OR C. CITY OR TOWN If outside corporate lights, write LULAL and give INSTITUTION MORE (If rural, give location) Yrs. O. STREET ADDRESS Mos. ardenas c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) emale MIDOWED 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death clea GEYMANY EMPloyee 1/4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO ardenas au 1 item CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK WORK especial 22. I hereby certify that I attended the deceased from Upre 13 . 1950, to May 10 . 1950 that I last saw the deceased alive on May 10 , 19.50 , and that death odcurred at 7:158. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify Dallo 50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150





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Registered No. BIRTH 1. NAME OF DECEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RALRAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore an Days 5. SEX 6. COLOR OR RACE H Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. 11. BIRTHPLACE (State IOA. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY dern the amer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE . 1956, that I last saw the , 1949 to MAY 22. I hereby certify that I attended the deceased from Nor. 4 deccased alive on May 11 , 1950, and that death occurred at 7:00 m. from the causes and on the date stated above. 234, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED DATE RECEIVED BY FUNERAL DIRECTOR I REGISTRAR'S SIGNATURE VS 150

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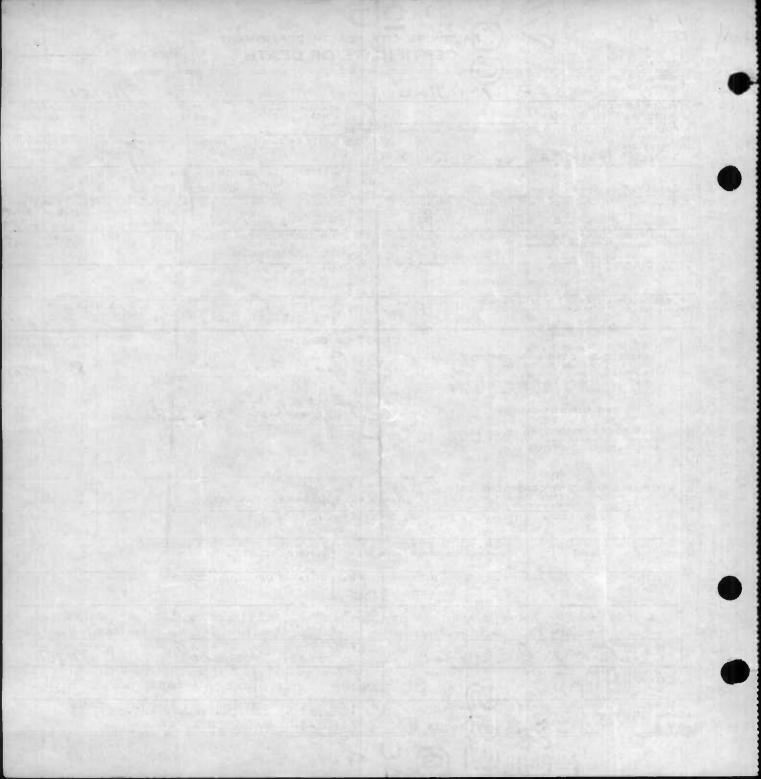
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13	B. FATHER'S	NAME	Novacek		14. MOTHER'S MAIDEN NA	AME unknown	20
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH NAV 10 1950 MaryP. Bellomo 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 2631 Barclay St.

B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) Maryland HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Yrs. 2631 Barclav St. Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | M Under | Year | H Under 24 Hours | last birthday) | Months Days | Hours | Min. 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH June 29 1885 64 White Widowed 10 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Housewife Home Calascibetta Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Filippo Doccolo Carmela Pecora 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 2631 Barclay St Amelia Bellomo INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-1 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK May 10, 1950 that I last saw the 22. I hereby certify that I attended the deceased from , 1950. and that death offurred at 12. m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BUR AL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Holy Redeemer Cemetery 4430 Belair Burial DATE RECEIVED BY LOCAL REGISTRAR

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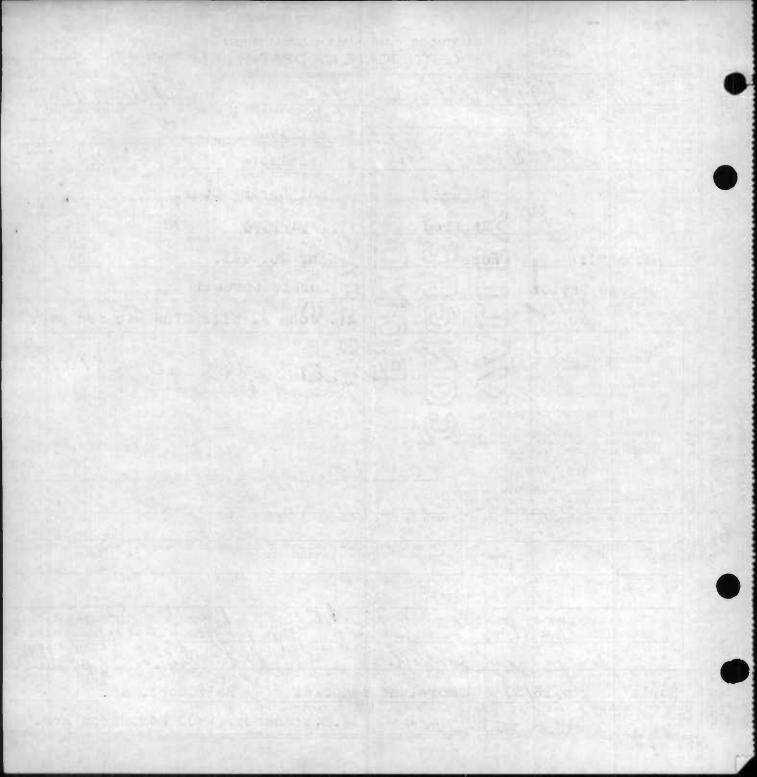
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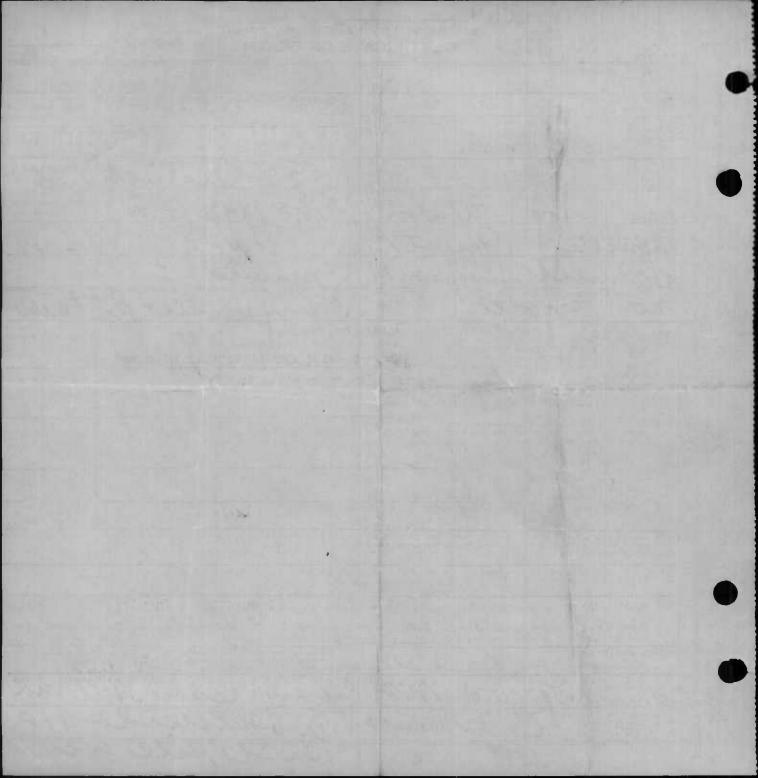
BALTIMORE CITY HEALTH DEPARTMENT

Registered.	No.4334
Registered	NO

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1	200	Sies	
BI	50 4334	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	4334
The same of	NAME OF DEGEASED	zabeth J. Sies. 2. DATE May	11.1950
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, it in a. STATE B. COUNTY) tal or institution, give street and dress or Maryland	titution : residence before admission)
HC	FULL NAME OF (If not in hospi	Spring of location) c. CITY OR TOWN (If outside corporate limits, v Baltimore	write RURAL and give township)
c.	Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Life Days 281 Spring Court	
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In year) I Um	fer l Year Il Under 24 Hous his Days Hours Min.
	A USUAL OCCUPATION (Give kindo) done during most of working life, even if retired HOUSEWife	1 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
13	George Taylor	14. MOTHER'S MAIDEN NAME Sussie Loveall	
15 (Ye	. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL 17. INFORMANT ADD SECURITY NO. Mr. John E. Nitz 5109 Rich	ard Ave.
TIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	of dying, e.g., ans the disease, caused death.) SES (B) STATING THE (A) (B) (B)	12hie
CERT	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELATED	
CAL	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	YES NO
MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	e exact location)
~	21D. TIME (Month) (Day) (Year OF INJURY	WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I at deceased alive on I (23A. SIGNATURE	tended the deceased from May 173, 18, to May 193, 194, 195, and that death occurred at 3 m., from the causes and on the	that I last saw the date stated above
24 TIC	AA. BURIAL (REMAINS) ON REMOVAL (Specify) Burial 5/13/5	24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or Moreland Memorial Baltimore, Md	
D/ LC	CAL PECISTRAD		DDRESS
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

	50	4336
egistered	No.	1000

150	177	HEALTH DEPARTMENT Registered No.	4336
	Type or Print) Mary D. Hoppe	2. DATE OF May	12,1950
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
	s. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	or Georgia V-09	
	NSTITUTION UNION Memorial Hospital	(If outside corporate limits, w	rite RURAL and give township)
	Length of stay in Baltimore 2	1008 South Harrist	
	Female White Widowed (Special Widowed)	8. DATE OF BIRTH 9. AGE (In years last birthday) Month	or 1 Year II Under 24 Hours Bours Min.
W.	OA. USUAL OCCUPATION (Give kind of returned) No Ne ON C	RY 41	CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	77,64 07 47.50
ļ	5. Griffith Davis	Annie Hollister	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT ADDI	RESS Balto. Md.
	Lio Lio Callon	Mrs. transes W. Arenway 4100/	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	E OF DEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	noma of the esophopus	5 mu unohs
	ANTECEDENT CAUSES		
HOLE	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	:	
V VI			
DITO	II(c)		***************************************
L	TRIBUTING TO THE DEATH, BUT NOT RELATED		
1	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP	ERATION	20. AUTOPSY?
140	1	Lead 216 WHERE DID. (It is Palifered City along	YES NO
MARINE	HOMICIDE (Specify) about bome, farm, factory, street, office bld		exact location)
¥	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY m. WHILE AT NOT WHI AT WORK	LE	
	22. I hereby certify that I attended the deceased from.		hat I last saw the
	deceased alive on May 12, 1950, and that death occ	curred at 4:09 Am., from the causes and on the c	date stated above.
	23A. SIGNATURE M. F. Cox 3 74	23B. ADDRESS Memoriel Hosp. 2	SIDATE SIGNED
-		TERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	Burial 3-15-50 Specify	Cometery - Perryman,	ml.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	John O. Mitchell Hus 190	o Eutow PS
=	VS 150	14 3 3 5	+6a
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5	20	BALTIMORE CITY HE		/ !	50 4337
ВІ	4337 RTH NO.	CERTIFICATI		Registered	
	NAME OF DECEASED Son a	Reames		2. DATE OF DEATH	y 11,1950
A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital	or institution, give street address or	4. USUAL RESIDENCE (VA. STATE South	Where deceased lived. I	f institution : residence before admission
	DISPITAL OR STITUTION 1713 Mark	un Poukway location)	C. CITY OR TOWN (III Bishopvil		ts, write RURAL and giv township
c,	Length of stay in Baltimore	Yrs. Mes. Days	D. STREET ADDRESS (If	rural, give location)	
5.	F_male 6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 11, 1945		M Under 1 Year M Under 24 Hours Min
work	done doring most of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUSTRY	Bishopville, S		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Rembert C. Reames		14. MOTHER'S MAIDEN N. Essie Gallo	AME	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED s, oo or uokoowo) (If yes, give war or dates of	(service) CCCLIDITY NO	17. INFORMANT Rembert C, Reames		ADDRESS
CERTIFICATION	DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean- injury or complication which ca ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE DUE TO TIONS CON- LOT RELATED	icandihs	Ś	3 wk
CAL		B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC	21D. TIME (Month) (Day) (Year)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., c	tc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK				
	22. I hereby certify that I attendeceased alive on May 11, 23A. SIGNATURE	19 50, and that death occur			23c. DATE SIGNED
Z4 TIC S DA	A. BURIAL, CREMA- DIN, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S DOCAL REGISTRAS	D M. D. 24c. NAME OF CEMETE 5-0 Bethlehem /	RY OR CREMATORY 24D. L	OCATION (City, town shop VIII) e, 11 + Sons, Inc.	7 11/50 n, or county) (State)
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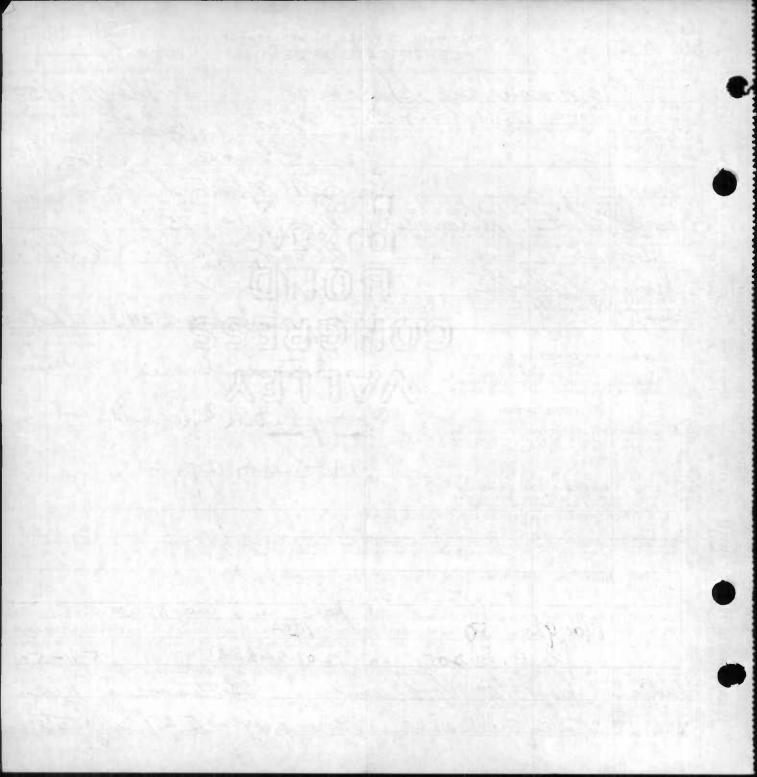
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SINDING	of informatio	ses of death
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OTHER STRIBUTION TO THE DOMICIDE 1A. ACCIDE HOMICIDE 1A. ACCIDE HOMICIDE 1D. TIME FINJURY 22. I hereby 22. I hereby 24. ACCIDE HOMICIDE 34. SIGNA BURIAL, REMOVAL (S.	A338 TH NO. AME OF De or Print) ACE OF Daltimore (DILL NAME PITAL OR ITUTION ength of s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4338 Registered No.

	NAME OF DECEASED	, ,	2. DATE	7
(1	ype or Print) Pienard Jan	the state of the s	DEATH MANG	1-19.50
3.	PLACE OF DEATH:	. USUAL RESIDENCE (W.	here deceased lived. Minsti	tution: residence
A.	Baltimore City, Maryland / 759 2. Oreston	STATE OF D	B. COUNTY	pefore admission)
	FULL NAME OF (If not in hospital or institution, give street address or		ldfor x	
	OSPITAL OR location	C. CITY OR TOWN (If	outside corporate limits, wr	igh RUBAL and give
	7598 1000	, p	1-0	township)
1	Yrs.	D. STREET ADDRESS (If r		7
	Mos.	D. STREET ADDRESS (III	urai, give location)	(Z=0)
-	Length of stay in Baltimore Days			0 -
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In year) Il Under	
14	WIDOWED, DIVORCED (Specify)	may 31 22	last birthday) Months	Days Hours Min.
14	I mand Married	111000 00 1000	78	
	A. USUAL OCCUPATION (Givekiodof) 10B. KIND OF BUSINESS OR doneduring most of working life, even if retired)	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
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13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME (I)	10,00
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4	Tchard Gennell XI	Jamar	1 comme	Ch-
15	. WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	17 INFORMANT	ADDR	ESS / H
110	, no or unknowo) (If yee, give war or dates of service)	1 10 Pm	441710	5 Day Toll
-	7-517-1319	I may jen	m24 1197	- way word
	18. 447 X . 2/3-07CAUSE	QE DEATH		IN ERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	/ 1 1 1		
1	LEADING TO DEATH	rub ral hum	Ollhale	8.1.
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,			0 007
	injury or complication which caused death.) DUE TO			
17	ANTECEDENT CAUSES	CUTCALLUC	1411 1112	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING		6100 10-	*******************************
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	2 - NAI 0	estres C	
X	UNDERLYING CONDITION LAST.			
12				
	(C)			
D.	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************		
100	19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
4				YES NO
Ü	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g.,	io or 21C. WHERE DID (1f	in Baltimore City, give	
EDICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,			,
A				
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE			
100	m. WORK AT WORK		400 / 1= 0	
	22. I hereby certify that I attended the deceased from	10 /44, 19 to S	19 / 3 0 19 th	at I last saw the
	Receased alive on 3/9/5019 and that death occu	rred at 1.15 Ph., from th	e causes and on the d	late stated above
111	23A. S GNATURE 500 FACE WN	38 ADDRESS		3c. DATE SIGNED
1	Name Bush Manigo	E, M. D.		5-12-50
-	DALTIMO M. BIGO	NST		
71	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF COMETE	BY OF CREMATORY 24D. 1	CATION (City, town, or c	ounty) (State)
	Mky 15 19 m Wy (of land	lemela 18	18.00	m
10	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	1000	DRESSO
	OCAL REGISTRAR	7/ 00000	15 15 Mes	Plan
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W. a. Com plants posts of the many 

P-5	6	A 2 A 3	TY HEALTH DEPARTMENT CATE OF DEATH	Registered No. 4341
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be shally supplied. Thysicians: please write the causes of death clearly and legibly.		NAME OF DECEASED ype or Print) Helene House Por		ATE OF 5-11-50
	В.	PLACE OF DEATH: Baltimore City, Maryland a full of the Full NAME OF (If not in bospital or Institution, give street a DSFITAL OR	ddress or Mary and	eceased lived. If institution; residence before admission)
		ospital for Nomen of Maryland	Phoenix (/	corporate limits, write RURAL and give township)
	-	Length of stay in Baltimore SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.	Mos. Jewellsiel	le-Roal
		7 Widowed, DIVORCED) (Specify) 3-9-7 L las	t birthday) Months: Days Hours Min.
	work	A. USUAL OCCUPATION (Give kind of done during most of working life, eveo if retired) None	S OR 11. BIRTHPLACE (State or foreign country)	ountry) 12. CITIZEN OF WHAT COUNTRY
	John B. Hausea Florence goodman			odman
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. WITH Abell II- Physical Marketine (Yes, no or unknown)			
	AL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	enershyd Carenion	interval Between onset and Death 2 ms.
		ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	aremona d) darça	Jone 1 7 h
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tenine Condis Varent	n Dia.
171		19A. DATE OF OPERATION (19B. MAJOR FINDINGS O	F OPERATION	20. AUTOPSY?
LY, WITH	MEDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJUR about home, ferm, factory, street, c		altimore City, give exact location)
Ily	4		OT WHILE	
PLEASE WRITE PL.		22. I hereby certify that I attended the deceased from deceased alive on May 11, 1957, and that deat 23 CIGNATURE	th occurred atm., from the cau	ses and on the date stated above
	24A. SURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, TIGN, REMOVAL (Specify) MUL- 13-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 27. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 27. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 27. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 27. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 26. PUNERAL DIRECTOR 27. PUNERAL DI			
PL		MAY 1 2 1950 tultington Williams, M.	Stewart Money	1 Bully.
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N. Section (Paulita) heart the who was Fine Town I. H. Ebert II The signed Committee Merry 13 18 Iron Late Milliand State printer When will prove to The will be

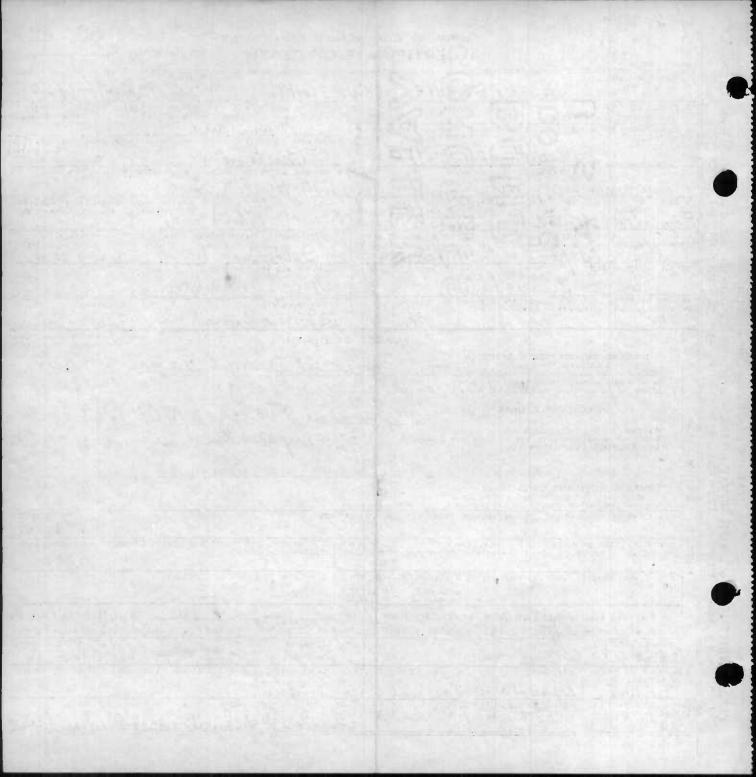
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4342

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) ELIZABETH-SILWRIGHT. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOW INSTITUTION Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE WINGLE, MARRIED AGE (in years H Under I Year WIDOWED, DIVORCED (Specify) last hirthday) Months Dnys Hours Min. Single 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF work done driving most of working life, even if retired) WHAT COUNTRY? INDUSTRY Tome 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING 6 Meretts RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 195Q that I last saw the 22. I hereby eertify that I attended the deceased from_ , and that death occurred at . A., from the eauses and on the date stated above. deceased alive on 23c. DATE SIGNED SIGNATURI 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) 248, DATE TION, REMOVAL (Specify) Juna DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR

VS 150

UNFADING Physicians:



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BALTIMORE CITY HEALTH DEPARTMENT

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	BIRTH NO.	E OF DEATH Registered No.
	1. NAME OF DECEASED DVYGA NEKR	POSIENE 2. DATE OF S/10/50
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION BALTO - Several;	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	4. Length of stay in Baltimore 6 ho. Days	36. S. Freuer M.
	5. SEX 6. COLORIOR RACE 7. SINGLE. MARRIED. MIDOWED, DIVORCED Goodfy)	SOUNT 24-1903 9. AGE (In years I Under I Year Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR (work done during most of working life, egen if retired) OMESTIC - FRANK = FARM	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nd Onjunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANTWAS N , ADDRESS!
	ho-	JOXNAS /EKROSIVS Fremoutes
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	cabelia Cerus
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
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	Zib. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY while AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from	10 to O, to 10 , 19 Chat I last saw the
	deceased glive on 100, 1900, and that death occur	red at I fam., from the causes and on the date stated above. 3B. ADDRESS Least 1230 PATE SIGNED
	248. BURIAL, CREMA 24B. DATE 24C, NAME OF CENTILE PROM. REMOVAL (Specify) May 13, 1930 Holy Led	RY OR CREMATORY 240 LOCATION (City, town, of county) (State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. BUNERAL DIRECTOR ADDRESS
	VS 150	Jacksuraer 105 M Jainy 84,
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DATE RECEIVED BY

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B. FULL NAME OF (If not in heapital or institution, give street address or HOSPITAL OR SINAI HOSPITAL SINAI HOS	ВІ	50 RTH NO.	4344	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered 1	4344 No
3. PLACE OF DEATH: 3. Baltimore City, Maryland 5. STATE MG. 5. STATE MG. 5. STATE MG. 6. COLOR of RACE 7. SINGLE MARRIED 5. SEX 6. COLOR of RACE 7. SINGLE MARRIED 10. USUAL OCCUPATION (Givalinder) 11. USUAL OCCUPATI	1. (T	NAME OF Dype or Print)	7.	ie Hucking		OF Ma	y 11, 1950
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C. Length of stay in Baltimore 5. SEX	IN	STITUTION	Sinai Hospi	ital		to "	township
C. Length of stay in Baltimore S. SEX G. COLOR OF RACE T. SINGLE MARRIED. White Wh					D. STREET ADDRESS (If	rural, give location)	
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18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Huckins, Essex, Md. 18. 18. 19.	work done during most of working life, even if retired) AOUSE WITE OWN HOME				oreign country)	12. CITIZEN OF WHAT COUNTRY	
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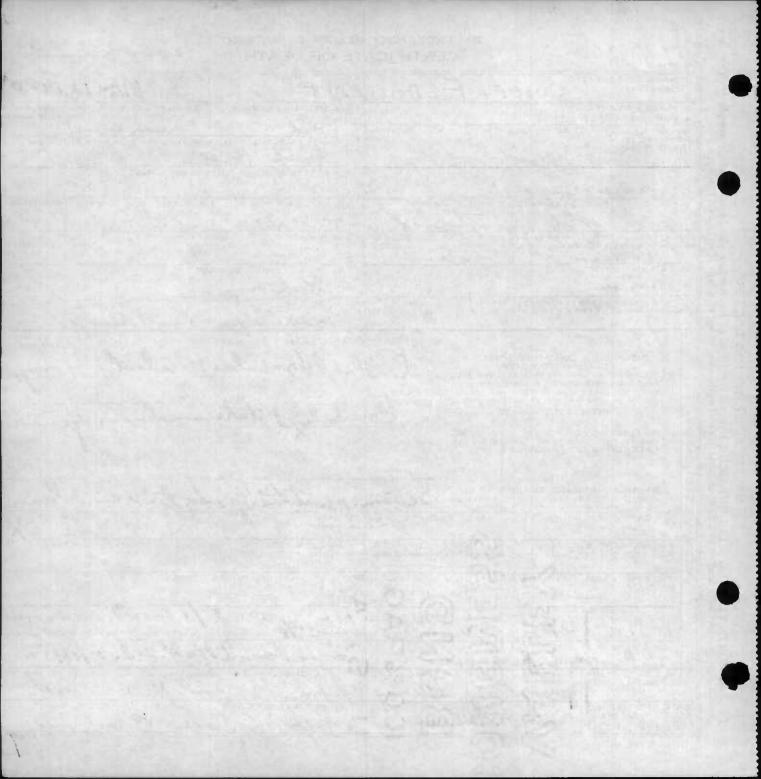
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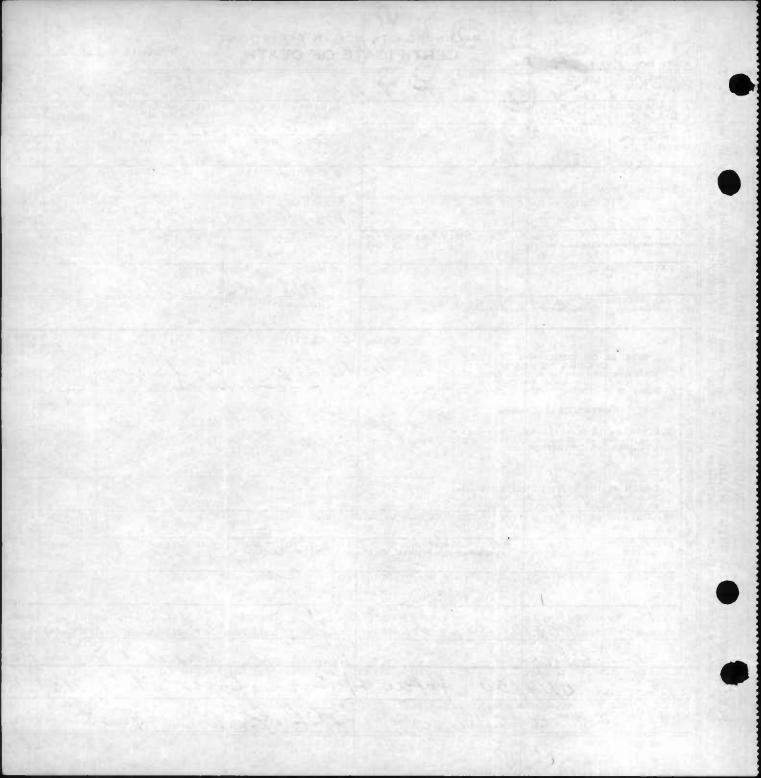
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	1	416 BALTIMORE CITY HE	EALTH DEPARTMENT \ 50 4345
)() BI	4345 CERTIFICAT	
		NAME OF DECEASED OSEPH ELBOUR	NE 2. DATE OF MAY 12,1950
3		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
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Irgai	C.	Length of stay in Baltimore Mos. Days	D. STREET ADDRESS (IT turn, give location)
y ama		male Whate Visioned (Specify)	3. DATE OF BIRTH 9. AGE (In years I Under I Year Months Days Hours Min.
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10 83	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS VALUE OF CONTROL OF ADDRESS
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Idliy mil	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	
capec		22. I hereby certify that I attended the deceased from deceased alive on 19, 19, and that death occur	rred atm., from the causes and on the date stated above.
age 18	24	23A. SIGNATURE BULL M. D. 24A. BURIAD CREMA-24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	Junai Horpital 124. Md. 5/13/50
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50 4347 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE William HaWKIMS (Type or Print) OF 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION LTIMORE h WEST BALTIMORE GENERAL HOSP D. STREET ADDRESS (If rural, give location) Yrs. Mos. 20 VRS. 15ALTIMORE c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) MALE EC. 15. MARRIED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY S.A. SANDLER LEATHER 13. FATHER'S NAME SAMUEL TAWKINS 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or pakenown) | (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO No NONE 2230 W.BALto. LOPENCE 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It menns the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (c. g., in or) (If in Baltimore City, give exact location) ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT May, 1950 that I last saw the 1950 to /2 22. I hereby certify that I attended the deceased from... 1950 and that death occurred at 53 Pm., from the causes and on the date stated above. deceased alive on 11 Men 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) EMETERV JALIS BURY 139RIAL 5-1550 TARSONS LACAY REGIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS 150

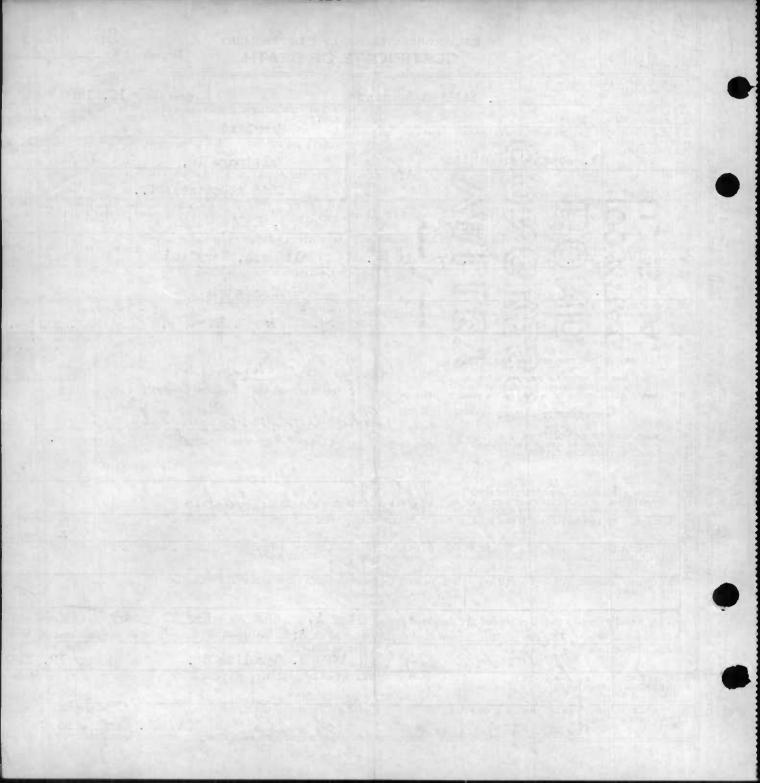
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Y.	HILL	Y, WITH UNFADING INK. Every item of information should be sfully supplied. The	INK.	Every	item	of i	nfor	mation	noys u	ld be	efully	supplied.	The	0	0
npor	tant.	nportant. Physicians: please write the causes of death clearly and legibly.	please	write t	he car	uses	of d	eath c	learly	and	legibly.) -	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	4348
Registered	No	

1. NAME OF DECEASED (Type or Print) Mr. William Burnham	2. DATE OF DEATH May 12, 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland B. County before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Joseph's Hospital	Baltimore 18, 9-07 township)
Life Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	1545 Abbottson St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Male White Married	March 2, 1904 (18st birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired Balto. Transit Co.	Baltimore, Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luther L. Burnham	Sarah Turnbaugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Frs. Marian L. Burnham, 1545 Abbottson St.
no	
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 (10 / /// 000 000 / 00
(This does not mean the mode of dving, e.g., (A)	
injury or complication which caused death.) DUE TO	Pulmonary Embolism)
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Z (B) / MEC	ominous, sa
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	undetermined
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON.	1 1 0 1
TRIBUTING TO THE DEATH, BUT NOT RELATED CONSISTING TO THE DISEASE OR CONDITION CAUSING IT.	e Cardiae Farlure
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
7	YES X NO
218. PLACE OF INJURY (e.g., in both home, farm, factory, street, office bldg., et	
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
	ay 1, , 1950, to May 12 , 1950, that I last saw the
	red at 8:45Am., from the causes and on the date stated above.
23A, SIGNATURE / / / / 23	3B. ADDRESS 23c. DATE SIGNED
S1 14. Kg an M.D.	1400 N. Caroline St. May 12, 1950
24A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
rion, REMOVAL (Specify) 5/15/50 Greenmount Gr	ematory Baltimore, Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LMFAY REGISTED - + + WILL	2 Paul Street
- Thursday I I Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Contraction of the Contracti
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	ILY, WITH	any important.
	PLEA. WRITE PI	correct age is especi

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	IRTH NO.						
(7	NAME OF DECEAS		E E. M	ICCOMAS		2. DATE OF DEATH M	av 11. 1950
	PLACE OF DEATH Baltimore City,	:			4. USUAL RESIDE		ed If institution · residence
H	FULL NAME OF OSPITAL OR	(If not in hospita	al or instituti	on, give street address or location)	c, CITY OR TOWN		limits, write RURAL and give
	705 G	orsuch A	venue		Baltimore	9	-05 township)
				Yrs. Mos.		SS (If rural, give location	n)
	Length of stay in			ife Days		ch_Avenue	
1		NOR OR RACE	7. SINGLE WIPOW Sing	E, MARRIED, ED, DIVORCED (Specify)	0ct. 31. 1	last birthday	rs If Under 1 Year I Under 24 Hours) Months Days Hours Min.
10	A USUAL OCCUPA	TION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
_	Housekee		at	home	Baltimor	e, Md.	USA WHAT COUNTRY?
13	Charles 1	P. McCom	2.8		14. MOTHER'S MA		
15	. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL		05 Gorsuch A	TANNESS
(Ye	ss, no or unknown) (11)	yes, give war or dates	of service)	SECURITY NO.			A QUINTESS
-	18. 3 2 / X	,		none	Arthur C.	roote	INTERVAL BETWEEN
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CERTI	OTHER SIGNIF TRIBUTING TO T TO THE DISEASE	HE OEATH, BUT	NOT RELATE	D			
,	19A. DATE OF OPE			FINDINGS OF OPER	RATION		20. AUTOPSY?
A	none						YES NO
EDICA	21A. ACCIDENT V LYING OR CON CAUSE OF DEATI	TRIBUTING	218. PLA about home, fo	CE OF INJURY (e. g., arm, factory, street, office bldg.,	etc.) 21c. WHERE D		lity, give exact location)
Σ	21D. TIME (Month	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m.	WORK NOT WHILE			
	22. I hereby eer	tify that I att	ended the	deceased from	Nov. , 1939	, to May 11, 19	60_, that I last saw the
	deceased alive or						on the date stated above.
	23A. SIGNATURE	1 3		00 1	23B. ADDRESS		23C. DATE SIGNED
	4A. BURIAL CREMA	- 248. DATE	was	M. D.	36 YorkuCo	urt.	May 12, 1950 town, or county) (State)
TI	on REMOVAL (Specify, burial	5/13			Cemetery	Baltimore,	
	ATE RECEIVED BY	REGISTRAR	SSIGNATU	RE		ER® SONS, I	NC. ADDRESS

VS 150

BALTIMORE - 13, MARYLAND George De Lancler 83a

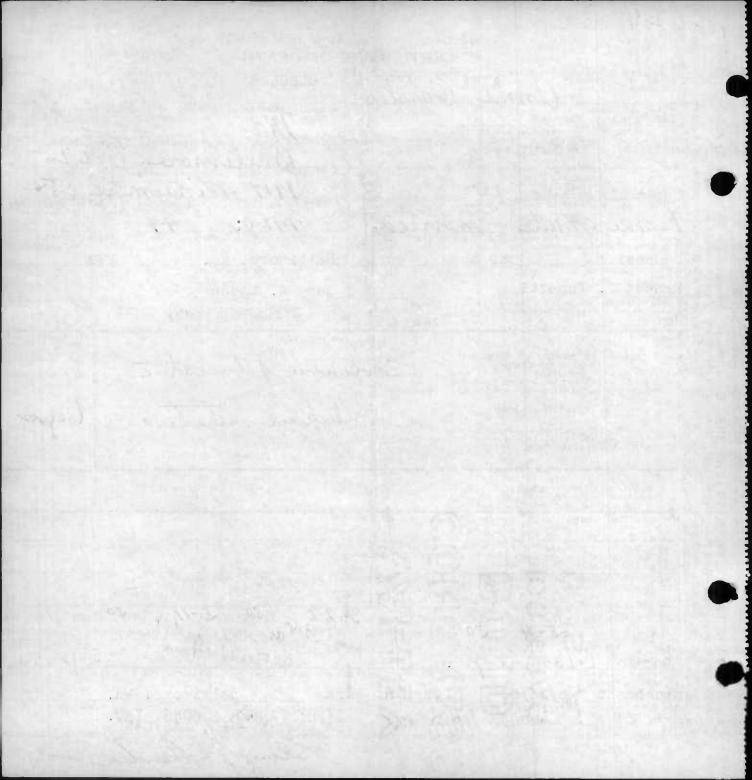
TYPE AND THE STREET

TH UNFADING INK. Every item of information should be fully supplied. The
UNFADING

50	235 4350 BALTIMORE CITY HEA CERTIFICATE		4350		
	1. NAME OF DECEASED (Type or Print) Richard Kastner	2. DATE OF DEATH May 11	1950		
	INSTITUTION 10cation)	c. CITY OR TOWN (If outside corporate limits, write R	fore admission)		
egibly.	c. Length of stay in Baltimore 12 Wkbys	D. STREET ADDRESS (If rural, give location)			
and l		B. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months: Day			
clearly and legibly.	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 10B. CO.		ZEN OF		
death	13. FATHER'S NAME	Maria Kollmannspar	ev		
causes of	(1es, no or unanown) (ii yes, give war or direct or service) SECIRITY NO. 1	Mrs. Elly Shaidt 1809 N. M	Hon Aug		
please write the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		RVAL BETWEEN ET AND DEATH		
Physicians:	UNDERLYING CONDITION LAST. UL II COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	YES			
especially important.	OF WHITE				
IS.	dcceased alive on May 1, 1950, and that death occurr 23A. SIGNATURE M. D. M. D.	red at # C m., from the causes and on the date			
correct age	24a. Buelal. GREMA- TION, REMOVAL (Specify) buri al 5/15/50 Holy Redeem	er cem. Baltimore, .d.			
cor	MILITY STORY TO STORY	HENRY SANDER & SONS, INC. ADDRE	23		
	VS 150	A. High	55		

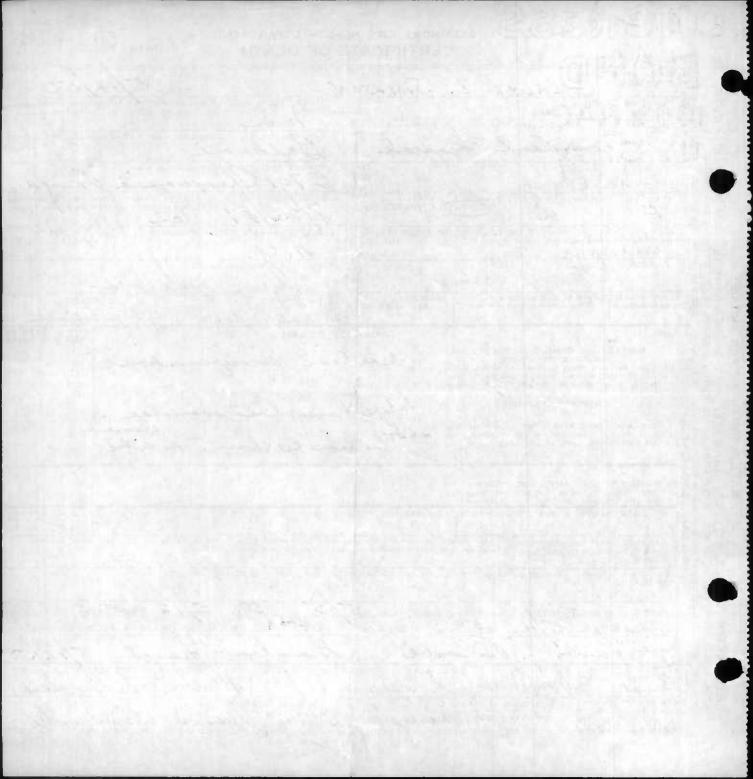
HTARCE CATHERDS

01	624 BALTIMORE CITY H	EALTH DEPARTMENT	50 4351
The	BIRTH NO. CERTIFICAT	E OF DEATH	Registered No.
	1. NAME OF DECEASED ANNA DERBARA (Type or Print)		OF MAY 1 1 1950
ilqqus	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o	A. STATE	e deceased lived. If institution: residence B. COUNTY before admission)
fully supplied.	HOSPITAL OR INSTITUTION HOLLS HOSPITAL	You Of the	oide corporate limit; write RURAL and give
egrib	c. Length of stay in Baltimore Life Yrs. Mos. Days	1010 M.	ndemere St
should be	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Married)	1-16-03	AGE (In years If Under I Year I II Under 24 Hours I Hours Min.
n sho	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife at home	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY
aticath	13. FATHER'S NAME Ernest F. Panetti	Mary A. Mason	
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO.	17. INFORMANT ROPKIES HOS	ADDRESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthemia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	idispred meta	at z
Da	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
LY, WITH important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bidg.		PES NO Baltimore City, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY MORK NOT WHILE AT WORK AT WORK		CCUR?
VRITE PL e is especia	deceased alive on	arred and Man., from the costs. Address HOS	that I last saw the auses and on the date stated above
90	24a, BURIAL, CREMA- TION, REMOVAL (Specify) entombment 5/13/50 Lorraine P	ERY OR CREMATORY 24D. LOCA	TION (City, town, or county) (State) more, Md.
PLEAS correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 13 1950 REGISTRAR'S SIGNATURE MAY 13 1950	1.25 FUNERAL DIRECTOR	ONS INC. ADDRESS MARYLAND
	VS 150	Seay J.	Lander 50



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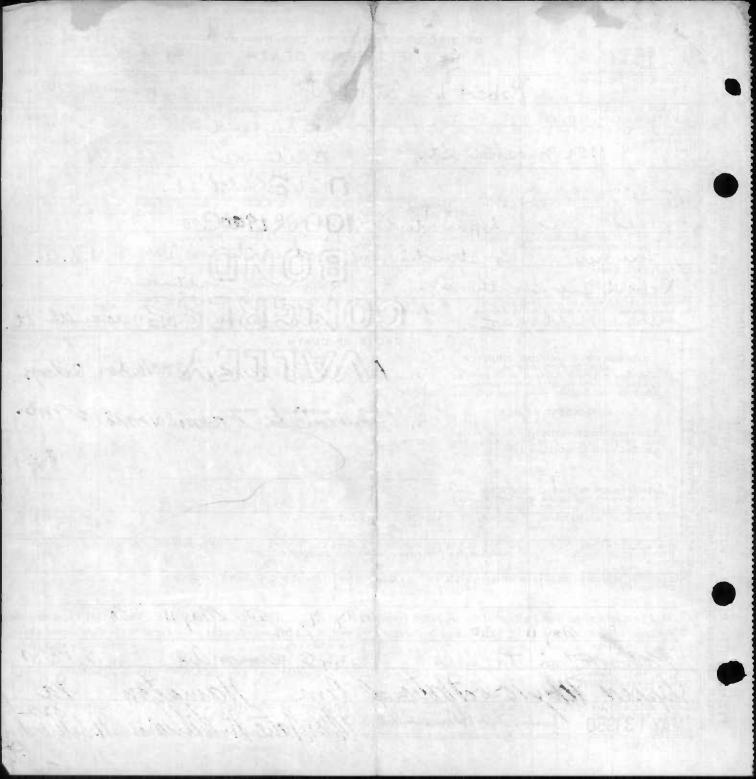
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	50	4353
Registered	No	

	1 6	530		0 4050
Signal Si	O O	BALTIMORE CITY HE CERTIFICATI		0 4353
O.pa	1. (T	NAME OF DECEASED Robert Lee Smit	th. Jr. 2. DATE OF may	11,1950,
fully supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission)
ns .		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
fully y.	O	ISTITUTION 1106 mosher St.	Baltimore 16-	O township)
G. G	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 11 0 6 mosher St.	
uld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 11, 1900. 9. AGE (In years last birthday) Mont	nder I Year H Under 24 Hours the Days Hours Min.
VDING information should be s of death clearly and		A. USUAL OCCUPATION (Give kind of the kidone during most of working life, even if retired) Language Construction North	1 1 1 -1 2 61	2. CITIZEN OF WHAT COUNTRY?
atio	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
orm	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		-
BINDING of inform uses of dea	(Ye	e, no or unknown (If yee, give war or dates of service) SECURITY NO.	nova Gunn. 1929 as	equith St.
_ = =			OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
it	8	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	estil command Malulas	-
		(This does not mean the mode of dying, e.g., (A)	ente coronary occlusion	accoms
R		ANTECEDENT CAUSES	everlized Attenosolmon	n adays
RESE INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	respond Asterioscimon	
R R	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN I UNFADING Physicians: p	RTIFIC	(C)		
IFA IFA ysic	ERT	OTHER SIGNIFICANT CONDITIONS CON-	Emakinge Ingolyk and	
1 54	CE	TO THE DISEASE OR CONDITION CAUSING IT.	RATION	1 20. AUTOPSY?
WITH rtant.	AL	ISSUED OF ENAMED OF STEEL		YES NO
.0	EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg.,		ve exact location)
LY	Σ	RED 21F, HOW DID INJURY OCCUR?		
lah				
(TE PL especial		ay 7, 1950 May 11, 1950 rred at 7.064 m., from the causes and on the	that I last saw the	
RITE is esp			23B. ADDRESS	23c. DATE SIGNED
age i	_	44. BURIAL CREMA: 248. DATE MANE OF CEMETE	1543 (Sermon' W.) ERY OF CREMATORY 240, LOCATION (City, JOWE, O	or county) (State)
(0)	Ti	A BURIAL CREMA 248 DATE NAME OF CEMETE	Pens Hampton	2/1
PLEAS correct	D	ATE PECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DITECTOR	ADDRESS 32 2
4 5		MAY 13 1950 / huntington Williams, Mills	11185. Natie N. Williams	Il Sales order
		VS 150	P0 V9	940 14



	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information	correct age is especially important. Physicians: please write the causes of death cl
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	600 00 4354 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	4354
	1. NAME OF DECEASED (Type or Print) FRANK	GRAY		2. DATE OF DEATH MAY 10	, 1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If inst B. COUNTY	itution : residence before admission)
	B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION Baltimore City	nstitution, give street address or location) y Hospital		outside corporate limits, w	riteR:URAL and give township)
	c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	coe Street	14. 14.04.04
		SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	7011-	9. AGE (In years Month	r l Year M Under 24 Hours S Days Hours Min.
	vork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Calvet Co.		WHAT COUNTRY?
	13. FATHER'S NAME Gray.		14. MOTHER'S MAIDEN NO.	urray	
	15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser		17. INFORMANT Re	ed. 1002 9	Brisco St.
-	18. 0 ~ 3 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart fairure, asthenia, etc. It means the injury or complication which caused	ing, e.g., (A)	hillie Aorti	ta	
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
		(C)			
	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
		MAJOR FINDINGS OF OPER	ATION		YES NO X
	PRIMARY OR CONTRIBUTING Door CAUSE OF DEATH.	IB. PLACE OF INJURY (e. g., iz ut home, farm, factory, etreet, office bldg., c		f in Baltimore City, give	exact location)
S 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK AT WORK NOT WORK					
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and					hereon and from

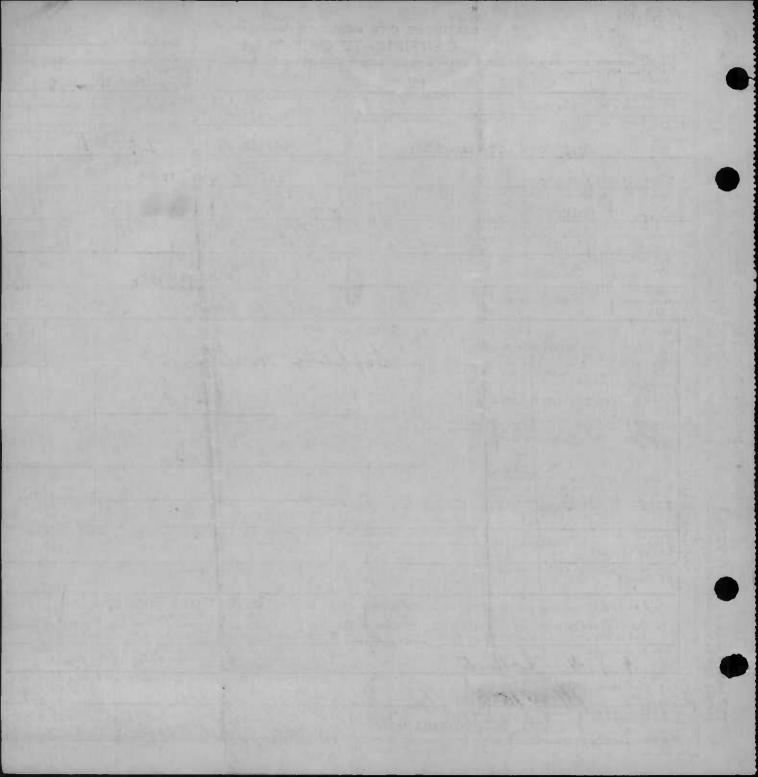
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{A} \), accident \(\mathbb{D} \), suicide \(\mathbb{D} \), homicide \(\mathbb{D} \), undetermined \(\mathbb{D} \). 23A. SIGNATURE 23c. DATE SIGNED

23B CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ON (City, town, or county)

24A. BURIAL, CREMA-TON REMOVAL (Specify DATE RECEIVED BY

LOCAL REGISTRAR

VS 151

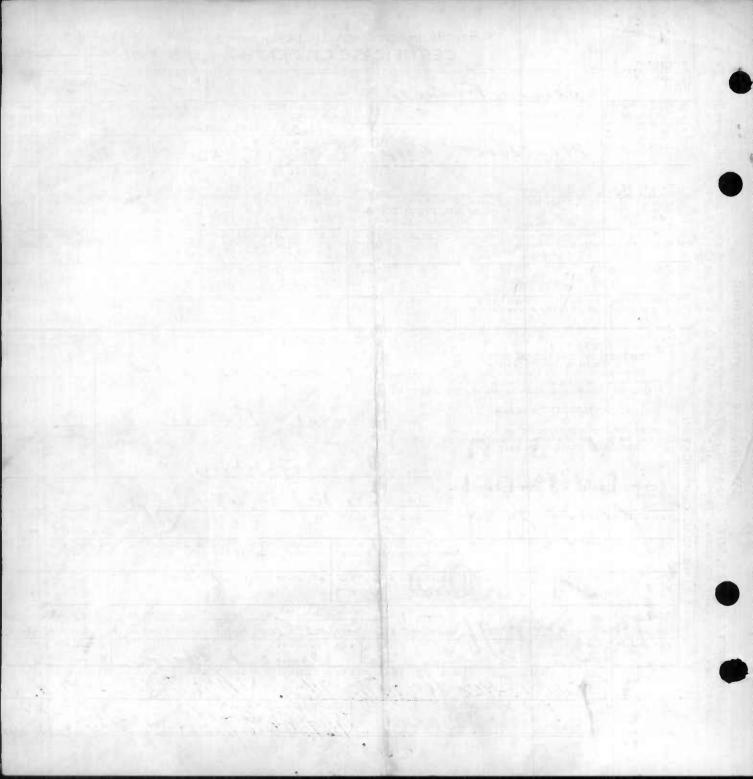


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4355

	CERTIFICATI	E OF DEATH Registered No.		
	NAME OF DECEASED Type or Print) Tessive Fennel/	2. DATE OF DEATH		
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
	I. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hosp.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 313 W. Calhoun St.		
	Length of stay in Baltimore Days S. SEX G. COLOR OR RACE T. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 19. AGE (In years # linder) Year # linder 24 Hours		
W	OA. USUAL OCCUPATION (Give kind of rk done doring most of working life, even if retired) Journey	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
	nack Boone	Catherne Brinkly.		
C	5. WAS DECEASED EVER IN U. S. ARMED FORCES? ca, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT - ADDRESS Showell. 313 h. Calhount		
2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	ormary occlosion		
DTIELCATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	rm bobblebitis		
0	TRIBUTING TO THE DEATH, BUT NOT RELATED	solled diaboto,		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7 YES NO		
MEDICA				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from 4-21-30, 19, to 5-9-30, 19, that I last saw the deceased alive on 5-9-30, 19, and that death occurred at 3'5 p.m., from the causes and on the date stated above.			
	23A. SIGNATURE 2	Brundent Hase 5-10-50		
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENETE ON, REMOVAL (Sparity) May 13-1968 (Wallus	Men. Charles Ma.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE ASSETUTE				
VS 150				



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	120		59 4356		
	BALTIMORE CITY HEALTH DEPARTMENT				
B	RTH NOT 356 CERTIFICATI	E OF DEATH Rep	gistered No		
	NAME OF DECEASED Julia Mary Heap.	2. DATE OF DEAT	5-11-0		
	PLACE OF DEATH: Baltimore City, Maryland		sed lived. If institution; residence OUNTY before admission)		
B. H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		porate limits, write RURAL and give		
1	Union Memorial Hospital	D. STREET ADDRESS (If rural, give	27-09 township)		
-	Length of stay in Baltimore Life time Mos. Days	1417 Winston	Ave.		
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (last bi 39	In years Under 1 Year Under 24 Hours		
10 wor	A. USUAL OCCUPATION (Give kind of Adone during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	try) 12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	111		
_	S. Wilson Heaps	-Mary Irene	Codd W		
(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 6. no or unknown) (If yes, give wer or dates of service) SECURITY NO.	S WILSON HEARS JR	1417 Whiton Ave		
	18. 330. X	OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OURAL HEMBRRHA	76F >		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
7	ANTECEDENT CAUSES	UREA ANEURYSA	4 ?		
CATION		IROLE OF WILLIS)			
RTIF	(c)				
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OMYELITIS; SCOLIOS,	· S · · · · · · · ·		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTOPSY?			
EDIC.	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., etc.)		nore City, give exact location)		
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE				
	22. I hereby certify that I attended the deceased from	-11 1950 to 5-11	, 1957, that I last saw the		
	deceased alive on 5 -// , 1950, and that death occur	rred at 1/ 50 m., from the eauses	and on the date stated above.		
	23A. SIGNATURE Beach M.D. 2	as Address Mewerial Ha	p. 23c. DATE SIGNED 5/12/50		
2 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE COLOR REMOVAL (Specify) 5/15/50	RY OR CREMATORY 24D. LOCATION Balli	(City, town, or county) (State)		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR AY 1 3 1950	25. FUNERAL DIRECTOR HILL WELLS & S. S.	05. M. Calvert St		
1	VS 150	lan ?	91		

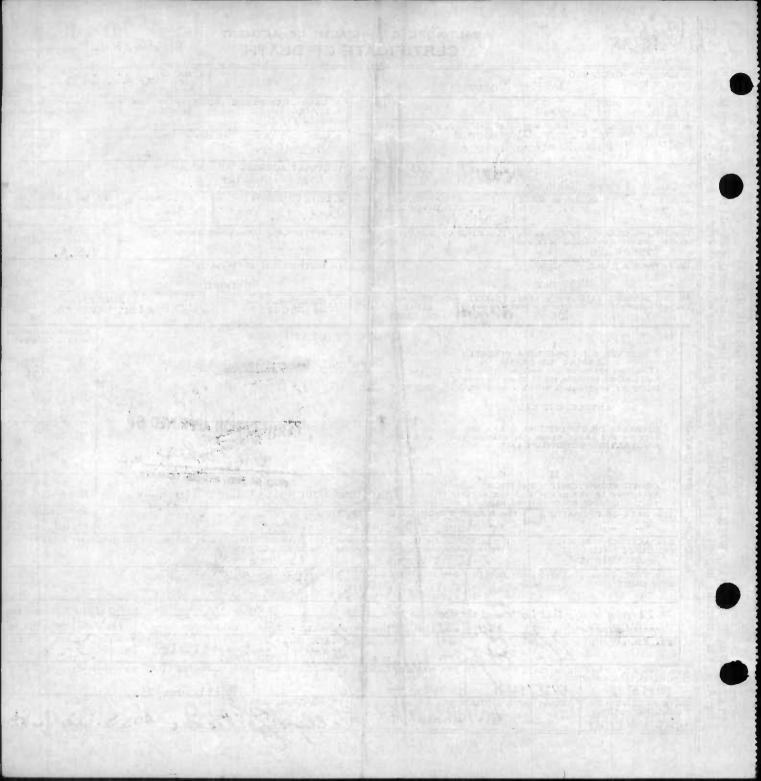
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4	245	CITY HEALTH DEPARTMENT					
5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4357						
=	1. NAME OF DECEASED Florence Jerome Poughlin (Type or Print) COUGHLIN, LORENCE JEROME 2. DATE OF DEATH OF DEATH						
	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution; residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR INSTITUTION /	location) C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)				
-	UNION MEMORIAL HOSPIT	Yrs. D. STREET ADDRESS (If rural, give location)					
24 1	c. Length of stay in Baltimore Y ? S. 5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED	Days 2 / 2 / N . CA ** 51	2927 N. CAWERT ST. 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours				
3			hs Days Hours Min.				
		NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. WASh ING. TON D.C.	2. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	03/4				
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	y -?					
200		JRITY NO. HENRY M. WALKER 2927 AND	SAME SHOWE				
Can	18. 331X 1	CAUSE OF DEATH	INTERVAL BETWEEN				
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		DAYS?				
	UNDERLYING CONDITION LAST.	CEREBRAL ARTERISCUEROUS	Y123				
	<u>(c)</u>	GENERALIZED ARTERIOSCLEROSS	YRS				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
5. 11 1	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJU		e exact location)				
mil Kri	OF INJURY WHILE AT	RY OCCURRED 21F, HOW DID INJURY OCCUR?					
1	22. I hereby certify that I attended the deceased from MAY 11, 1950, to MAY 12, 1950, that I last saw the						
23	22. I hereby certify that I attended the deceased from MAY 11, 1950, to MAY 12, 1950, that I last saw the deceased alive on MAY 12, 1950, and that death occurred at 1250 A.m., from the causes and on the date stated above. 23A AGNATURE 23B. ADDRESS M. D. Wenniel Gopple 23C. PATE SIGNED						
Se vo	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 2-115/50 Tree	ensured Baltemore	md				
	LOCAL REGISTRAR	25. FUNERAL DIRECTOR SOS	DDRESS				
1	VS 150		d 2.				

	supplied.	
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	WITH	important. Physicians: please write the causes of death clearly and legibly.
	LY,	odwi

1 () B	1000 13771358 IRTH NO.	3		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	50 Registered No	4358
	1. NAME OF DECEASED (Type or Print) Louise Schwabe					of May 11,	1950
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (WAS A. STATE Maryland		stitution : residence before admission
B. H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION 4940 Eastern Avenue		c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and giv		
	60 Yrs. Mos. Length of stay in Baltimore Days		D. STREET ADDRESS (If rural, give location)				
	. SEX	6. COLOR OR RACE	7. SINGLE WIDOW Wido	Days E. MARRIED, ED, DIVORCED (Specify) Wed	8. DATE OF BIRTH	9 AGE IIn years IIII	der 1 Year hs Days Hours Min
		CUPATION (Give kind of of working life, even If retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 1	2. CITIZEN OF WHAT COUNTRY U.S.A.
T:	3. FATHER'S						
1	5 WAS DECEASE	Unknown ED EVER IN U.S. ARMEI	EODCES?	16. SOCIAL	Unknow		
(Y	NO NO unknown)	(If yes, give war or date None	of service)	Unknown	BCH Records	4940 Eastern	Avenue
RTIFICATION	(This does heart failt in jury or DISEASE	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It mee complication which ANTECEDENT CAUS S OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. a ons the diseas caused death SES F ANY, GIVIE STATING TI	(B)	CERTIFICATION	isher M. D.	8 hrs.
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TRIBUTING TO THE DEATH, BUT NOT RELATED Fracture Subcapital Left Hip			d. h.3.			
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?				
A P	5-8 .	-50		re of Left Hi			YES NO
MEDIC		ident	about home,	ACE OF INJURY (e. g., i farm, factory, etreet, office bldg., e at Home	At home	f in Baltimore City, giv	e exact location)
	of injury May 3	(Month) (Day) (Year , 1950 A		21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	Was semi-inva		
	22. I hereby certify that I attended the deceased from May 3, 1950, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 11.0 mm., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS City Hospitals 23c. DATE SIGNED 4940 Eastern Ave. 23c. DATE SIGNED						
T.	Burial Burial CATE RECEIVE COCAL REGIST WAY 1319 VS 150	5/15/19 D BY REGISTRAR RAR	s signatu	Trinity RE Liaus, M.	RY OR CREMATORY 240. L Bal 25 UNERAL DIRECTOR	timore Md.	ADDRESS
-	/	1-820.1	be pro	oved by the Me	dical Exciner	1	86a



fully supplied.

information

RESERVED

WITH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF NOREW FEGELEIN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOSE PUS 405P township) BALTO. Yrs. D. STREET ADDRESS (If rural, give location) Mos. CLINTON c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MALE (040TE MARRIED IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maintainence Man lanufacturi ng Plant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Henry Fegeline Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. causes Margaret Fegelein - wife - same address None Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH Every ite thrombosis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. ERTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION LY, WITH important. MEDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT WORK AT WORK 2/5019 22. I hereby certify that I attended the deceased from _____ . that I last saw the RITE is espe , and that death occurred at 6 10 A m., from the causes and on the date stated above. deceased alive on 5-/13/5190 23A. SIGNATURE 23c. DATE SIGNED swins naddeus age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) correct 5/16/1950 Burial Sacred Heart Baltimore County PUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Margaret Ryan 5-10-50 OF refully supplied DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Bal timore B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore, Maryland, write RURAL and give hounship) INSTITUTION 1124 S. Highland Avenue D. STREET ADDRESS (If rural, give location)
1124 S. Highland Avenue Yrs. life Mos. c. Length of stay in Baltimore Days should be early and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last Whithday) WIDDWAR POPENDRCED (Specify) 7-1-11 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) information of death cle 13. FATHER'S NAME Hand Crown Cork Co. 14. MOTHER'S MAIDEN NAME Godfried Goeb Elizabeth Sedlmaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yee, no or unknown) SECURITY NO Mrs Elizabeth Goeb-112h S. Highland Aven Unknown No None jo CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the eremmi of Uterus LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO UNFADING Physicians: p CA MARGIN ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-۵ LYING OR CONTRIBUTING about home, fary, factory, street, office bldg., etc.) INJURY OGCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WRITE Page is especia 22. I hereby certify that I attended the deceased from Len 6 , 1949, to Lucy 10, 1950, that I last saw the deceased alive on Zecay to , 1950, and that death occurred at 8 2 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 842 8. Eax ave 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 5- 15- 50 Baltimore Md. Oak Lawn DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR mituator Volland, Me

VS 150

. Inc 403 S. Wolfe Str.

ADDRESS

23c. DATE SIGNED

5-13-50

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

TISA

If Under 1 Year

ADDRESS

Months: Days Hours: Min.

12. CITIZEN OF

Dr. Schinnels 842 S. Eart auc. hantens, ore is left. senting the Land of the someth might be being Continue to the second of the land WIN I WELL THE WAY TO SEE The state of the state of 142 MENT . 2 (0) 2 T . WILLIAM Millery of the man,

S. 2

age

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE May 12. 1950 (Type or Print) BERNARD ANTHONY ROCERS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) 22 days Mos. 1716~ 16th St. c. Length of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last hirthday) Months Days WIDOWED, DIVORCED (Specify) 3/20/09 Single 10A. USUAL OCCUPATION (Givekind of 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Deck maintenance Seaman TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Mary Mc Cann John P. Rogers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16, SOCIAL 17 JNFORMANT Records- US Marine Hospital, Balto, Md. (Yes, no or unkoown) 534-94-3603 INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemorrhage from pancreato-duodenal Hours (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, artery due to enzymatic digestion injury or complication which caused death.) DUE TO following operation for duodenal ANTECEDENT CAUSES ulcer (B) DISEASES OR CONDITIONS, IF ANY, GIVING Perforation duodenal stump RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Duodenal ulcer 4 vrs. RTIFI (C) OTHER SIGNIFICANT CONDITIONS CON Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL Chronic duodenal ulcer May 1, 1950 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., io or | 21C. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT Apr. 21 22. I hereby certify that I attended the deceased from , that I last saw the and that death occurred at 11 1 45 Am., from the causes and on the date stated above, deceased alive on 23B. ADDRESS 23c. DATE, SIGNED 5/13/50 US Marine Hospital, Balto, Md Sidney Krohn Surgeon BURIAL CREM 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) REGISTRAR & SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTO ADDRESS

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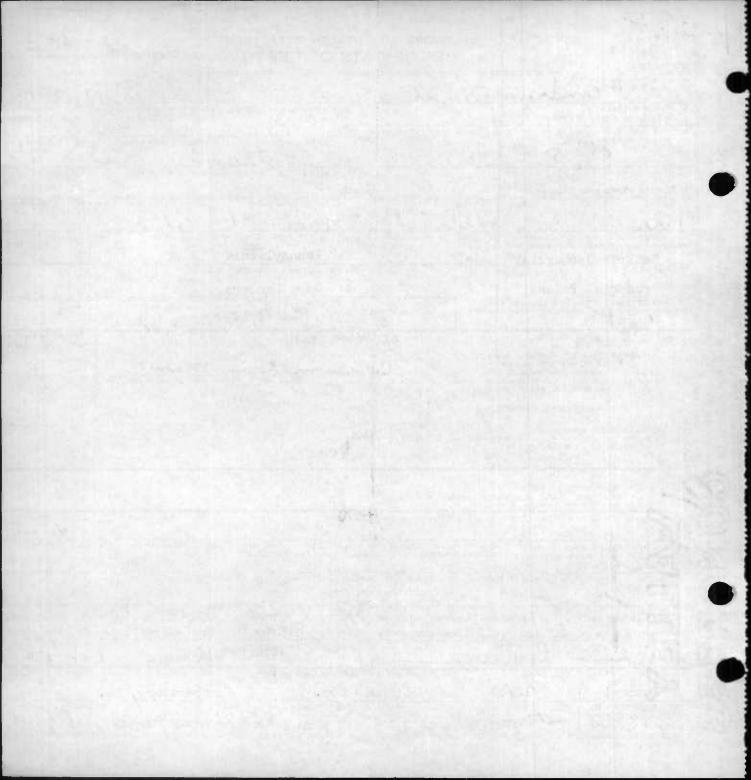
BALTIMORE CITY HEALTH DEPARTMENT

1202

В	4006 IRTH NO.	CERTIFICATI	E OF DEATH	Registered	No. 4000
1.	NAME OF DECEASED Sype or Print) Andrew D.	Peters.		2. DATE OF DEATH	w12,1950
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		If Anstitution: residence before admission
H	FULL NAME OF (If not in hospital or institu OSPITAL OR ISTITUTION JOHNS ROPEINS NOSPITAL	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv township
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	If rural, give location)	
5.	WIDO'	E. MARRIED, MED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days If Under 24 Hour Hours Min
10 work	DA. USUAL OCCUPATION (Give kind of k done during most of worklog life, even if retired) Retired Orchardist Se	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Pennsylvania		12. CITIZEN OF WHAT COUNTRY
13	Frederick Peters		14. MOTHER'S MAIDEN Mary Sanders	NAME	
15 (Yes	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war in dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	MOSPITA	ADDRESS
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES	g., (A)Cauca se, h.) DUE TO	of death inomatosis	- Blodden .	INTERVAL BETWEE
ICATIO	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.				
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
AL	19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDIC.		ACE OF INJURY (e. g., i ,fsrm,fsctory,street,officebldg.,		(If in Baltimore City	, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID INJU	IRY OCCUR?	
	22. I hereby certify that I attended the deceased alive on 5-12, 1950		d, that I last saw the the date stated above		
	Charles R. Rans	м. р.	38. ADDRESSIONS RUP	KINS MUSPITAL	S. 1 L - 1 0
124 TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify) Removal 5/13/50	Lincoln	Cem. C		vn, or county) (State)
DA	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTO		ADDRESS

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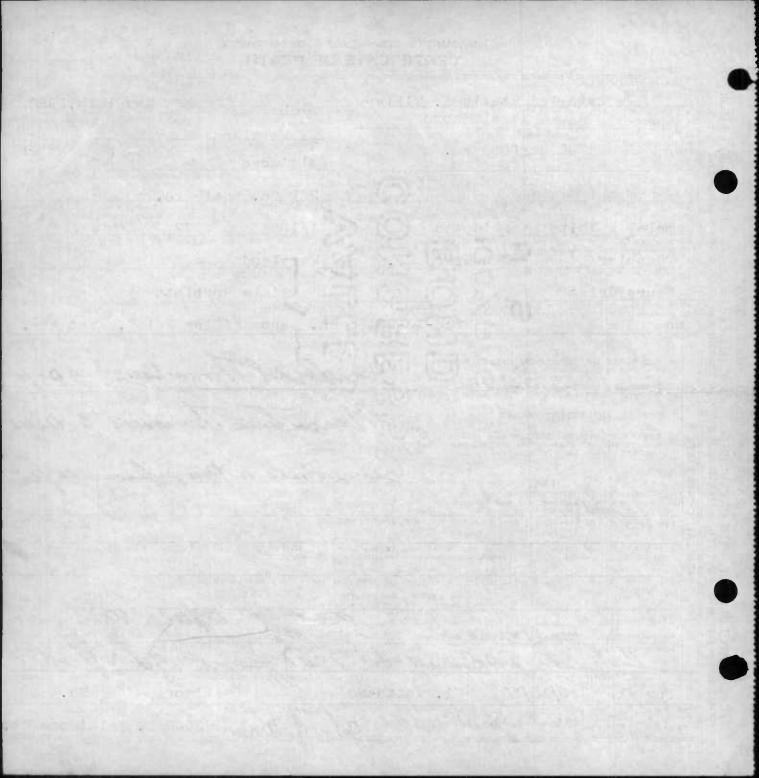
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

59 4363

Registered No.

	fully supplied.
MARGIN RESERVED FOR BINDING	PLEASE RITE PLACE. IV, WITH UNFADING INK. Every item of information should be fully supplicorrect age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RES	UNFADING IN: Physicians: plea
	Y, WITH Important.
	LEASE RITE PLA prect age is especially

(T	'ype or Print)	Wetallal	94-11- W W411		OF OF				
3.	PLACE OF D	EATH:	Stella K. Miller	4. USUAL RESIDENCE (WI	DEATH May 12	th 1950			
		City, Maryland	Baltimore	A. STATE	B. COUNTY	before admission)			
	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institution, give street address or location)	Maryland					
	STITUTION	4700 Har:	ford Rd.	c. CITY OR: TOWN (If o	utside corporate limits, wi	rite RURAL and give			
6	0			Baltimore	6	- 10			
			Life Yrs.	D. STREET ADDRESS (If r	ral, give location)				
c.	Length of s	tay in Baltimore	Days Mos.	261 So. Eas	t Ave.				
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.		9. AGE (In years) If Under				
TP.	omolo	White	WIDOWED, DIVORCED (Specify)	6/3/3077	last birthday) Months	Days Hours Min.			
	emale	CUPATION (Give kind of	Widowed	6/1/1873 // 11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF			
wor	done during most o	of working life, even if retired)	INDUSTRY		cign country) 12.	WHAT COUNTRY?			
-	Cashi		The Grand Co.	Maryland					
13	FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME				
	Henry		MARKET OF THE PARTY OF	Amiela Ru	stlott				
15	. WAS DECEASE	ED EVER IN U.S. ARME (If yea, give war or date	D FORCES? 16. SOCIAL	17. INFORMANT	ADDR	ESS			
	no	(11 year, give war of date	216-10-4946	Wm. Leroy Mil:	lar 261 S. F	est Ave			
_		I .	,		TOI DOI D. I	INTERVAL BETWEEN			
		X		OF DEATH		ONSET AND DEATH			
	DISEAS	SE OR CONDITION	DIRECTLY	1 0-11	,				
	(This does	LEADING TO DEA s not mean the mode	of dying, e. g., (A)	ebuf The	rom bosis	4 Days			
	heart failu injury or	re, asthenia, etc. It mes complication which	ans the disease, caused death.) DUE TO						
7	ANTECEDENT CAUSES								
0	DISEASES OR CONDITIONS, IF ANY, GIVING								
E	RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO						
CA	ONDERE	TING CONDITION E	A31.		01				
E		11	(c) O.en	explined Arts	no decon	10%			
RTI	OTHER S	SIGNIFICANT COND	ITIONS CON-						
H	TRIBUTING	S TO THE DEATH, BUT	NOT RELATED						
			198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
CAL						YES NO			
Ö	21A. ACCIDE	ENT. SUICIDE,	218. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, give				
EDI	HOMICIDE	(Specify)	about home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?					
Σ		(70			O C C U D C				
	OF INJURY	(Month) (Day) (Year		ED 21F. HOW DID INJURY	OCCUR?				
			m. WHILE AT NOT WHILE						
	22 I haveh	as acutifus that I at	tonded the desegred from	204810 B	1001/10501	hat I last sam the			
			tended the deceased from	104810 4		nat I last saw the			
	deceased al	live on May 17	2,19 50 and that death occur		e causes and on the d	late stated above.			
		live on May 17	7,1950, and that death occur	red at 2 m., from the	e causes and on the d				
2	deceased al	TURY ON MAY 1	7.19 Se. and that death occur M.D. 2	38 ADDRESS	cause fand on the d	late stated above. 3c. DATE SIONED			
2. TI	deceased al	TURE CREMA-1 24B. DATE	7.19 S.C. and that death occur M.D. 24C. NAME OF CEMETE	3B. ADDRESS 30 RY OR CREMATORY 24D. LO	causes and on the d	date stated above. 3c. DATE SIGNED ounty) (State)			
TI	deceased at 23A. SIGNA 4A. BURIAL CON REMOVALIS BURIAL	CREMA- Specify) 5/15/2	7.19.50. and that death occur M. D. 24c. NAME OF CEMETE 50 St. Matthews	RY OR CREMATORY 24D. LO	cause and on the d	date stated above. GENERAL STONED OUNTRY) (State)			
TI	deceased all 23A. SIGNAL 4A. BURIAL CON REMOVAL SO BUTIAL	CREMA- 248. DATE Specify 5/15/2	24c. NAME OF CEMETE St. Matthews 's 91GNATURE	35 ADDRESS RY OR CREMATORY . 24D. LO Bal 25. FUNERAL DIRECTOR	cause and on the d	ate stated above. GOVERNOR DEPTH OF THE PROPERTY OF THE PROPE			
TI	deceased all 23A. SIGNATA 4A. BURIAL. (ON REMOVAL S BUT 1 A L ATE RECEIVE COCAL REGIST	CREMA- 248. DATE Specify 5/15/2	7.19.50. and that death occur M. D. 24c. NAME OF CEMETE 50 St. Matthews	35 ADDRESS RY OR CREMATORY . 24D. LO Bal 25. FUNERAL DIRECTOR	cause and on the d	ate stated above. GOVERNOR DEPTH OF THE PROPERTY OF THE PROPE			
TI	deceased at 23A. SIGNA 4A. BURIAL. (CON REMOVAL S BUP 19 1 ATE RECEIVE OCAL REGIST	CREMA- 248. DATE Specify 5/15/2 D BY REGISTRAR	24c. NAME OF CEMETE St. Matthews 's 91GNATURE	35 ADDRESS RY OR CREMATORY . 24D. LO Bal 25. FUNERAL DIRECTOR	cause and on the d	ate stated above. GOVERNOR DEPTH OF THE PROPERTY OF THE PROPE			
TI	deceased all 23A. SIGNATA 4A. BURIAL. (ON REMOVAL S BUT 1 A L ATE RECEIVE COCAL REGIST	CREMA- 248. DATE Specify 5/15/2 D BY REGISTRAR	24c. NAME OF CEMETE St. Matthews 's 91GNATURE	35 ADDRESS RY OR CREMATORY . 24D. LO Bal 25. FUNERAL DIRECTOR	cause and on the d	ate stated above. GOVERNORS ATE STONED OUNTLY) (State) Md .			



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RTH	NO.					
NAM	E OF	DECI	FACI	ED.		A

BALTIMORE CITY HEALTH DEPARTMENT

6384 50

ВІ	RTH NO. CERTIFICA	TE OF DEATH Registered No.
1.	NAME OF DECEASED MARY M. H	00PER 2. DATE MAY 11,1950
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission
HO	FULL NAME OF (If not in hospital or institution, give street address of the control of the contr	
_	Length of stay in Baltimore 7 /	
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
wnrk	A. USUAL OCCUPATION (Give kind of the INDUST raduate Grand Region Women of the Moose	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	John Popp 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Laura Catherine Lambright 17. INFORMANT ADDRESS
(Yes	s, no or nnknown) (If yes, give war nr dates of service) SECURITY NO	Miss Helen M. Davis 206 S. Loudon Ave.
	18. 420.0 , CAUS	E OF DEATH INTERVAL BETWEE
		ONIC MYOCARDITIS + 2 YEARS
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Teriosclerotro Henry 7 Year Disease Eneralized ARTERIOSclero; ?
TIE	11	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ut poition due to Notenting 6 Months
AL		PERATION 20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. about home, farm, factory, street, office bit	g., in pr 21c. WHERE DID (If in Baltimore City, give exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCU OF INJURY WHILE AT NOT WHO AT WORK AT WO	NILE[7]
	22. I hereby certify that I attended the deceased from J	une 1 , 1948, to MAY 11 , 1950, that I last saw th
,	deceased alive on 1744 11, 1950, and that death oc	curred at 5.00 m., from the causes and on the date stated above
	Melin n. Brilen M.D.	2030 W. tayelle \$ 5/11/50
24 TIC	ON, REMOVAL (Specify)	ETERY OR CREMATORY 240 MOCATION (City, town, or county) (State)
	Burial 5/15/50 Loudon Part RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS MA. 25. FUNERAL DIRECTOR 25. FUNERAL DIRECTOR ADDRESS MA.
M	AY 49950 Mintington Williams, M.	93)

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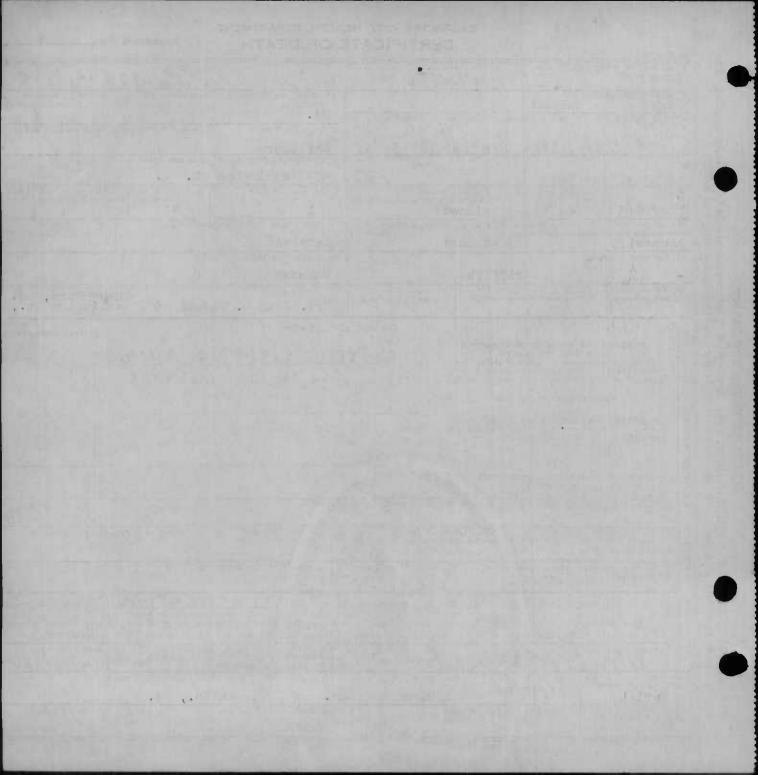
	Bellevier in the sales of the contract
Name of the state	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_	4305
Registered No.	Alaine James

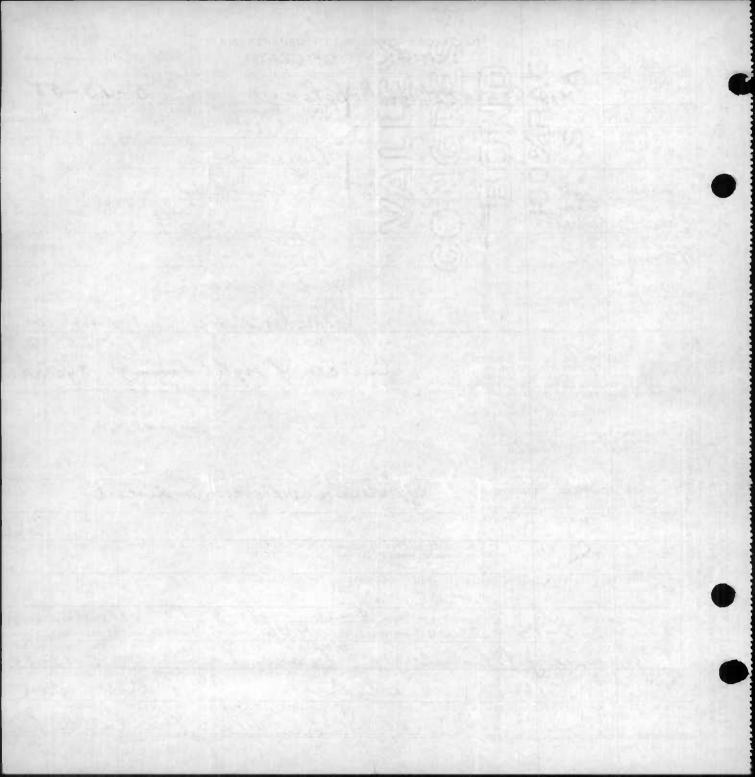
B	RTH NO.					
(1		izabe	th Day L	antz	2. DATE OF DEATH M Q	4 12,1950
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission)
В.	FULL NAME OF (If not in hospi	tal or institution,	of location)	Md.		24/1
	ISTITUTION 1/.	Penant	Khan tal	C. CITY OR TOWN		its, write RURAL and give township)
14	JEST Baltimore	General	46 05/14/ Yrs.	D. STREET ADDRESS	(If rural, give location)	Aure 1
6	Length of stay in Baltimore		Mos. Days	407 Washingto		5102
-	SEX / G.COLOR OR RACE	7. SINGLE, MA	ARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
F	emore white	widowed.	DIVORCED (Specify)	?	84	onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kindo k done during most of working life, even if retired	E 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
1	nousewife	at home		Maryland		WHAT COUNTY
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
-		iffith		Unknown		
	6. WAS DECEASED EVER IN U. S. ARME a, no or unknown) (If yes, give war or dat		SECURITY NO.	17. INFORMANT	Ct Color	instand, Md.
				Mrs. John G. 1	Wiepel 407 Mg	
	18. 422.1			OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION		Anto	HINTPLOKA	tii Cand	in -
	(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g.,	(A)(Q(X	rioseleto; Vasculat	70 00707	· · · · · · · · · · · · · · · · · · ·
	injury or complication which		DUE TO	naz cn lat	DISTAGE	CONTRACTOR OF THE PARTY OF THE
	ANTECEDENT CAU	SES				
Z	DISEASES OR CONDITIONS.	IF ANY, GIVING	(B)	***************************************		***************************************
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A						
RTIFIC	II CONTRACTOR CONTRACTOR	NITIONIC CON	(C1			
ERT	OTHER SIGNIFICANT CONE TRIBUTING TO THE GEATH, BUT	NOT RELATED				
S	19A. DATE OF OPERATION		IDINGS OF OPER	ATION		20. AUTOPSY?
J.						YES NO
EDICA	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		OF INJURY (e. g., in actory, street, office bldg., e		(If in Baltimore City,	give exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY	m. WHILE			, .	
	22. I certify that I took cha	rae of the rem	ains described a	bove, held an & 1	spectin	thereon and from
	the evidence obtained by			Autops	y, Inspection or Inquiry	he day stated above
	and death in my opinion	resulted from	: natural causes	accident , suici	de \square , homicide \square ,	undetermined \square .
	23A. SIGNATURE H/O	mw	er J'M	238. CHIEF MEDICA ASSISTANT MEDICA .D. MEDICAL INVESTIG	L EXAMINER	May 12, 1950
2. TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)		NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town	or coulity) (State)
	Burial 5/15/	1 20	udon Park C		alto., Md.	77
D.	ATE RECEIVED BY REGISTRAR DCAL REGISTRAR	SSIGNATURE		25 FUNERAL DIRECTO	chever 1 st	no. Valto,
V	151 / Luclium	ton Hollies	SE IMP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000	Mila
1 40	i stronger	,			77	



Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years II Under I Year II Under 24 Hours I Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? 20. AUTOPSY

23c. DATE SIGNED

ADDRESS



14-	24	2
	50	4367

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 5-13-1950 ICH4ELSON ATHAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLANG (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4300 ORFOLK D. STREET ADDRESS (If rural, give location) Yrs. Mos. 60 4300 AUE OUPPOLK c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Il Under I Year 8. DATE OF BIRTH 9. AGE (in years If Under 24 Hours last birthday) Months: Days Hours: Min. MULE Wigow WHITE 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S. 9. JEWELER USS 19 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN NNG 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknowe) | (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS (Yee, no or unknowe) SECURITY NO. NU OSCOR P. MICHGELSON INTERVAL BETWEEN 18. CAUSE OF DEATH NSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from May 1.19 J. That I last saw the 3 19 XV, and that death occurred at 11 M. from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED 238. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BALTO BURIAL FILOL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 2100 LAUVE VS 150

Madleray a

CERTIFICAT	E OF DEATH Registered No. 64358
1. NAME OF DECEASED	I 2. DATE
(Type or Print) GREEN T. EDWARDS	DEATH May 11, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY hefore admission) North Carolina
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Mercy Hospital	LaComa
Yrs. Mos. c. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location) Route 2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months Days Hours Min.
male colored Single	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service), SECURITY NO.	andrew Edwards, Wilson, N.C.
18. E802 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Tame does not be a second to the second to t	le open wounds of head, trunk limbs (Body cut in six parts)
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
J.	YES NO X
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., PRIMARY) OR CONTRIBUTING about bome, farm, factory, street, office bldg.	etc.) INJURY OCCUR? Pennsylvania Railroad
Cause of Death. railroad tunnel	Union Tunnel 300' east of Greenmount Ave

CAUSE OF DEATH railroad 21E. INJURY OCCURRED (Day) (Year) (Hour)

of INJURY Found: NOT WHILE

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from

Union Tunnel 300' east of Greenmount 21F. HOW DID INJURY OCCUR?

Struck by a railroad train

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 23c. DATE SIGNED 23A. SIGNATURE

24A 24A. BURIAL, CREMA-TION REMOVAL (Specify) 245

DATE RECEIVED BY

LOCAL REGISTRAR

DATE

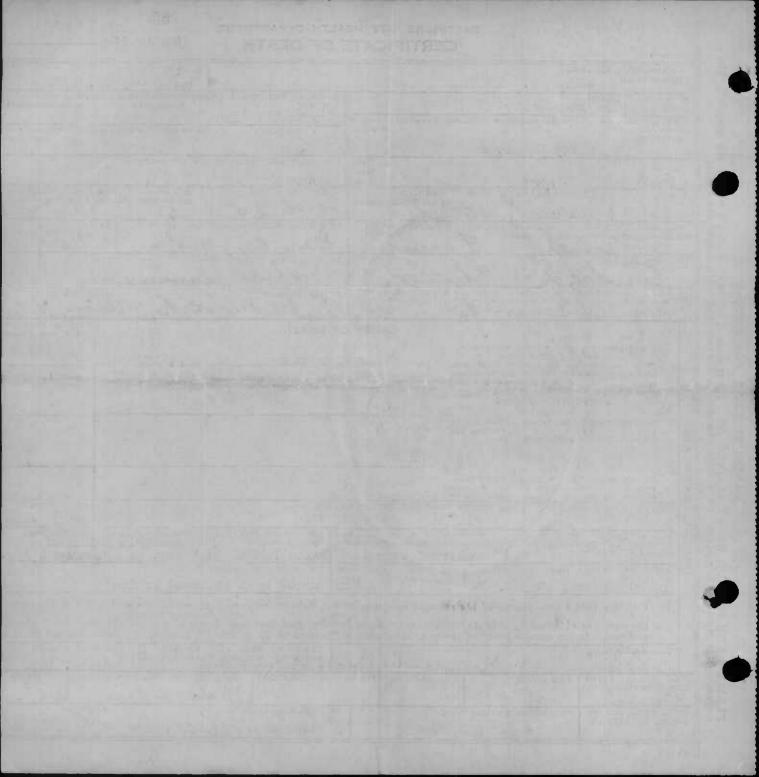
0 REGISTRAR'S SIGNATURE

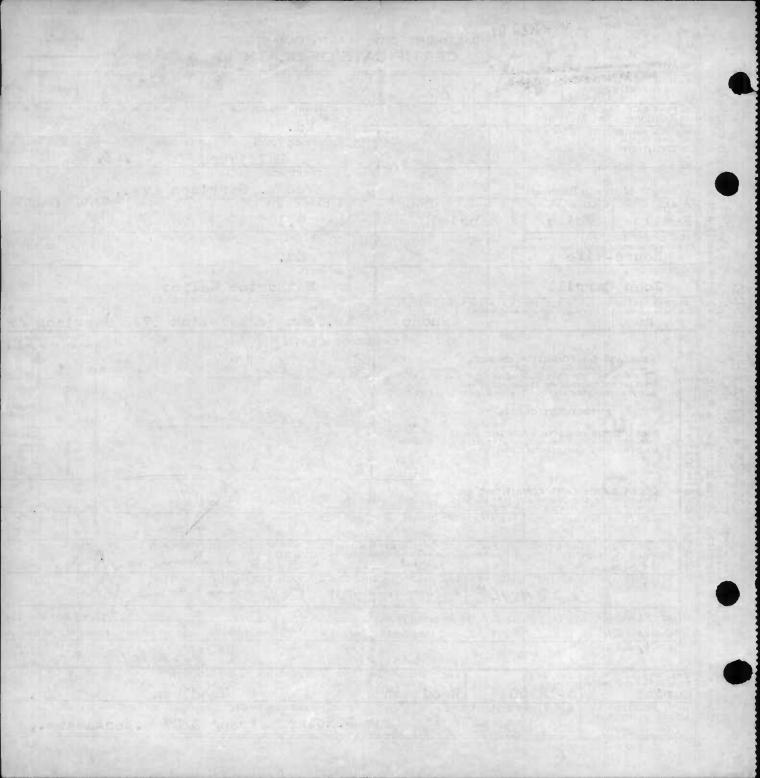
Williams, Min

LOCATION (City, town, or county)

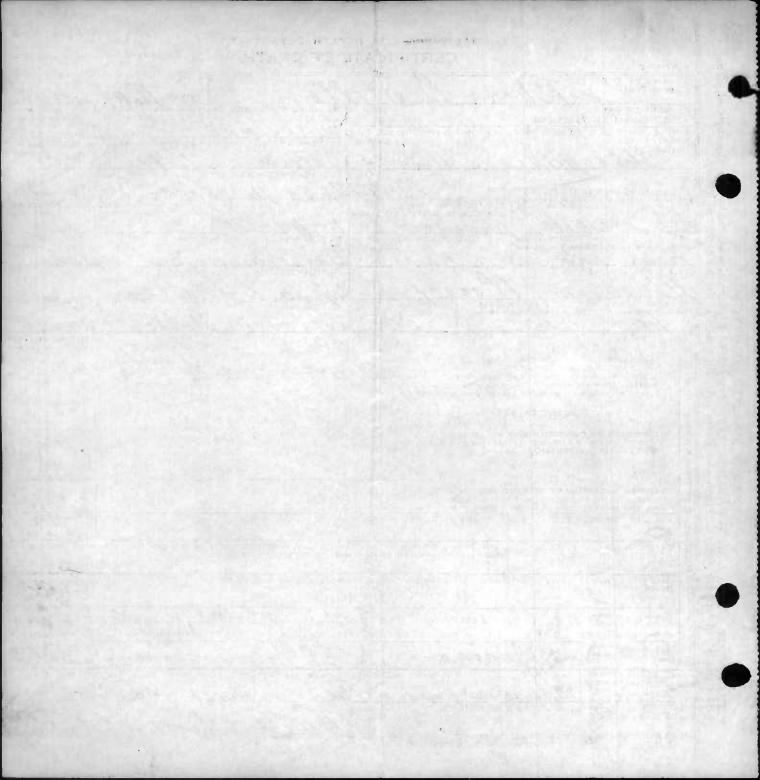
(State) ADDRESS

24C. NAME OF CEMETERY OR CREMATORY





5	50	4370			EALTH DEPARTME	ENT 50 Registered	4370 No.
1.	NAME OF DI ype or Print)	Ph	2/2	F'St	AF.	2. DATE OF	nd 11-1000
	PLACE OF D Baltimore C	eath: City, Maryland	ou a	10.011	4. USUAL RESIDENCE	DEATH CE (Where deceased lived, I B. COUNTY	Constitution: residence before admission
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address o location		(If outside corporate lim	rits, write BURAL and give
0	4.63	4-Wibt	ENS	1106 -23 Yrs/ Mos.	D. STREET ADDRESS	(If rueal, give location)	D - 12
-	Length of st	tay in Baltimore 6.COLOR OR RACE		MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under I Year If Under 24 Boars Months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)	IVZde	OF BUSINESS OR		te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	ania IAME	11	Home	14. MOTHER'S MAIDI	Re-Md.	USA.
	WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date		16 SOCIAL SECURITY NO.	M. INFORMANT	hhs worth	ADDRESS
(No	\wedge		None	Roband-1	n-Steffe	- SAME-
7	(This does heart failu injury or	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which	TH of dying, e. a ans the diseas caused death	e,	acciron	a of Goby	3 6 mouse
CATION	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION L	STATING TE	4G			
ERTIF	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED			
CAL	-			FINDINGS OF OPE	RATION		20. AUTOPSY?
EDI		NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., arm, factory, atreet, office bldg		(If in Baltimore City,	, give exact location)
Σ	21b. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY OCCURI	E		
	22. I hereby deceased al 23A. SIGNAT					on the causes and on	that I last saw the the date stated above
Ty	4A. BURIAL, CONTREMOVAL (S	pecify) MAY-	5-1950	LOUGON /	Pork /	30LZO. Md	,
	ATE RECEIVER		S SYGNATI	IRE G	B. Wipper	t Son-1300	Entaw Pl
ï	MAJ 1604	Touck	uglor /	PULLANUA I MUNIC	4/0//		55B 17



The T	5	750 4371 BALTIMORE CITY HE CERTIFICATI	
	1.	NAME OF DECEASED PROPERTY OF Print) Print) Print)	2. DATE 0F 0F 0F DEATH 3/13/50
ıpplie	A,	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
fully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION Ten 1: 18 5 Memorial	c. CITY OR TOWN (If outside corporate limits, write IOURAL and give township)
fullegibly	4	Yrs. Mos.	D. STREET ADDRESS (If Arral, give location)
ld be	5.	Send of stay in Dathmore S. SINGLE, MARRIED. WIPOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
VDING information should of death clearly a	10 work	A. USUAL OCCUPATION (Give kind of tobs. KIND OF BUSINESS OR INDUSTRY) House two working tice, gen if retired) Would two the two working tice, gen if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
G mation eath c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NDING informs of de	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Tamers Patridis 517 Cathedral of
FOR BIN item of i			OF DEATH INTERVAL BETWEEN ONSET AND OBATH
F 5 1		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	TENIOSCLEROTIO CARDIO.
RESERINK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	PISTATIC PUEUMONIA
MARGIN UNFADING Physicians:	IFICA	UNDERLYING CONDITION LAST,	ONIC DE FORMATIVE BATKRITIS
MAI JNFA Physic	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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LY, WITH	MEDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., ii about home, farm, factory, street, office bldg., e	
Ally in	2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
E PI		22. I hereby certify that I attended the deceased from deceased alive on 19, and that death occur	rcd at 10: 19 m., from the causes and on the date stated above.
WRITE P.		23A. SIGNATURE 21 Hay M.O.	38. ADDRESS Cyns 1/2/. 6/13/00
ASE ect ag		Burial STY 150 Parku	ry of Crematory 240. LOCATION (Ety, town, or county) (State)
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS

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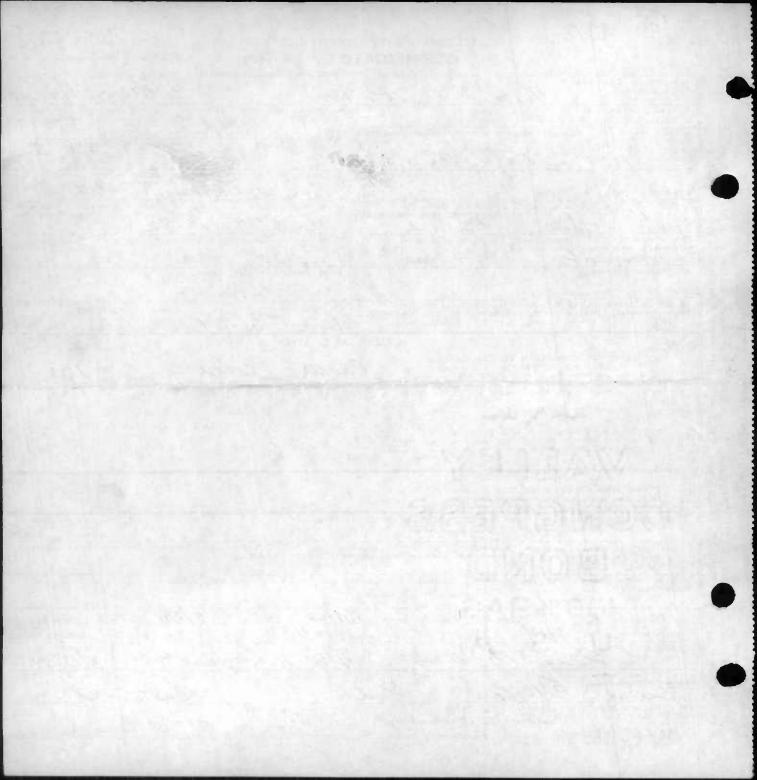
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BALTIMORE CITY HEALTH DEPARTMENT

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The	В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.	
	(1	NAME OF DECEASED Mamie a. Pos	Ton 2. DATE 5/13/57	0 1/a.m.
ppli		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
fully supplied.	Н	FULL NAME OF (If not in hospital or institution, give street address of location assistance) (If not in hospital or institution, give street address of location) (If not in hospital or institution, give street address of location) (If not in hospital or institution, give street address of location)	c. CITY OR TOWN (If outside corporate limits, w	vrive CRAL and give township)
legilbi		Yrs. Mos. Days		cor
should be	1/2	SEX 6. COLOR OR RACE 7. SINGES, MARRIED, WILDOWED, DIVORCED (Specify Married)	8. DATE OF BIRTH 9. AGE (The years of Under the second of	er I Year If Under 24 Hours as Days Hours Min.
information shouls of death clearly	wor	A. USUAL OCCUPATION (Give kind of a done during most of working life even if retired) A. USUAL OCCUPATION (Give kind of look, KIND OF BUSINESS OR INDUSTRED) INDUSTRESS OR INDUSTRESS	11. BIRTHPLACE (State or foreign country) 12. Balto Md.	CITIZEN OF WHAT COUNTRY!
mati	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
infor of d	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
of uses	-	18. / FR Y	OF DEATH	INTERVAL BETWEEN
Every item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	aucer - Colon	ONSET AND DEATH
		ANTECEDENT CAUSES		
NG INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
UNFADING Physicians:	CERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
HH	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
	IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg.	io or 21C. WHERE DID (If In Baltimore City, give INJURY OCCUR?	
LY, impo	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK AT WORK		
re Pi		a de la companya de l	711/52, 19, to 5/13/, 1950, t rred at 1/A:m., from the causes and on the	hat I last saw the
RI		23A. SIGNATORE . B- Mores M.D.		SIS STE SIGNED
At age	24 -TH	BURIAL GRENA 248 DATE 24C. NAME OF CEMETI Burial Bal	7 7 11 0	county) (State)
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR AL	DDRESS

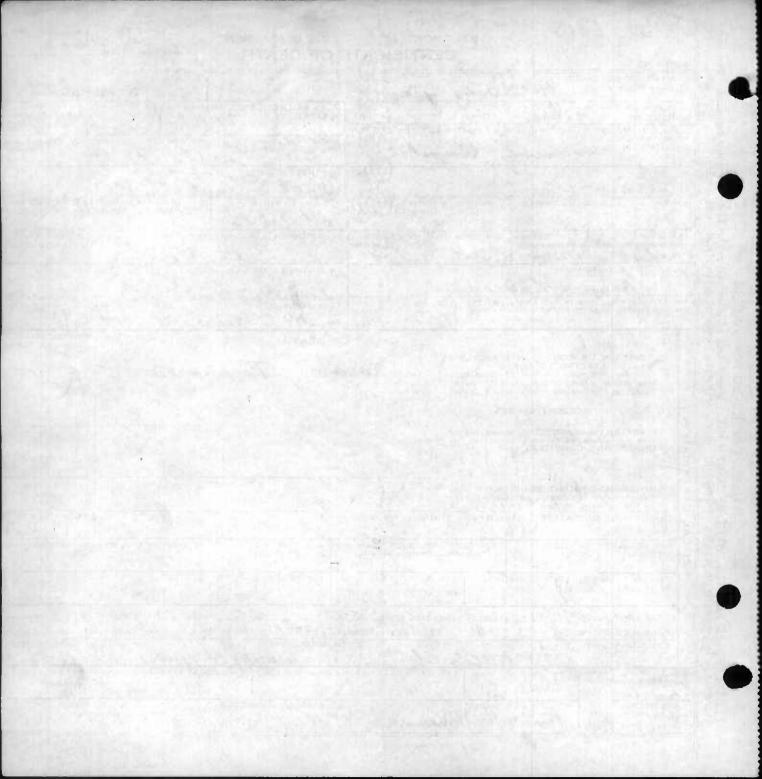


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BALTIMORE	CITY	HEAL	TH	DEPARTMENT	1
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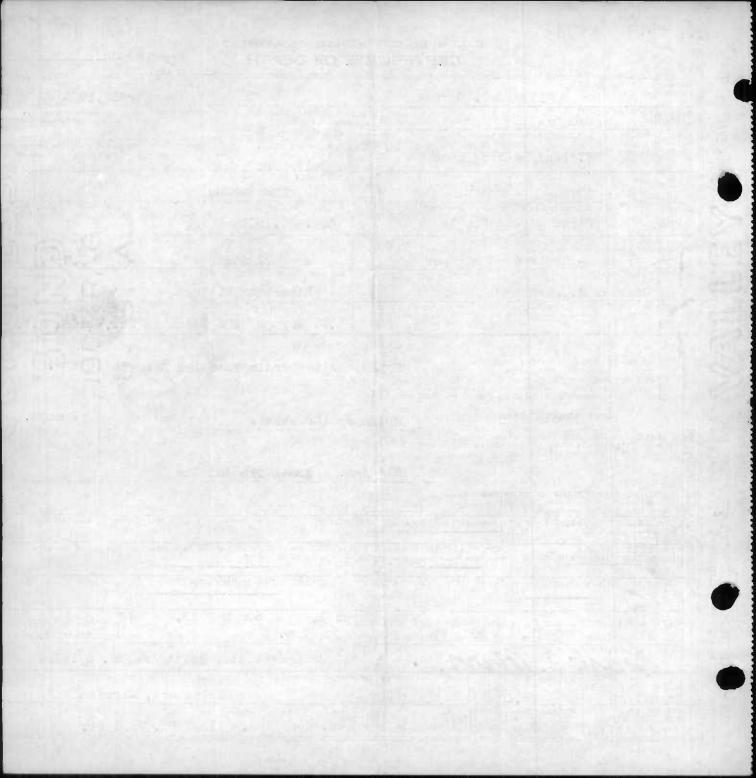
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Registered	No.	20/0

	6	230	4373	3		LTIMORE CITY CERTIFICA			Register	0 4373	
The	-	RTH NO.				CERTII TO	TE OF DE	~~~	* 1		
	(T:	NAME OF O		John	w.m.	reyers			DEATT	5-13-50	
ppli		Baltimore (yland			A. STATE	ESIDENCE (V	Where deceased live B. COUNT	ed. If institution; residence Y before admis-	
ns		FULL NAME	OF (If)	not in hospita	l or institut	ion, give street address		OWN & UI	outside corporate	limits, write RURAL and	teriva
efully supplied. bly.	2 IN	STITUTION	Um	versel	7 14	segulal		das	Keland	5300 town	
egi	c.	Length of s	tay in Ba	altimore		Y M D		DDRESS (If	rural, give locatio	ave	
ld b		SEX M		OR RACE		E. MARRIED. VED, DIVORCED (Spe	8. DATE OF E	1893	9. AGE (In year last birthday	rs H Under 1 Year H Under 24	
NDING information should s of death clearly an		A. USUAL OC			10B. KIND	O OF BUSINESS OF		ACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN	TRY?
on	11	roduce	Jales	man e	Liber	Ty Truit Co.		Bal to	. md.		
G mati eath	13	FATHER'S	NAME	W.	1060		14. MOTHER	S MAIDEN N	AME	1	,
for de	15	. WAS DECEASE	DEVER IN	U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMA	AC49X	127220	32 populas la	
BINDING of inform	(Yes	, do or ubknown)	(11 yes, gr	ive war or dates	of service)	SECURITY N	il mystle	O. MEL	ena Elia	bith un lots	
		18. 47	0.1	1		CAUS	E OF DEATH	/		INTERVAL BETY ONSET AND D	
FOR item			LEADING	ONDITION G TO DEAT	'H	P	nonau	Tan	1460515	1 100	-4
Every ite		heart failt	re, asthenia	the mode o a, etc. It mea ion which c	ns the diseas	se,	many		W. W. O. 2 13	6	AR .1
02				DENT CAUS							
RESEI INK. please	Z O			IDITIONS, II				***************************************	***************************************		******
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CGIDIN DIN ians	FIC			11		(C)			***********		
MARGIN UNFADING Physicians:	ERTIFI			ANT CONDI							
T AD	Ü		ISEASE OF	CONDITION	CAUSING		PERATION		***************************************	20. AUTOPS	Y 7
WITH rtant.	AL	ISA. OAIL	OI LIVA	0	D. MAGON	TINGINGS OF		72 E. July		YES NO	
	EDIC	21a, ACCIDI HOMICIDE	(Specify			ACE OF INJURY (e.farm, factory, street, office l			lf in Baltimore C	City, give exact location)	
	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	RRED 21F. HOW	DID INJUR	Y OCCUR?		
ally					m.	WHILE AT NOT W	RK L				
RITE PL is especia		22. I hereb	y certify	that I att	ended the	deceased from and that death o	5-13	19 50 , to		1953, that I last said	
ITE s es		deceased a	TURE (0-13	, 19.90,	and that death o	23B. AOORESS	zem., from	the causes and	on the date stated al	
WRITE PI				1/1	Kred	MLC M.D	nuve	esites !	Losgital	5-13-50	
म् ह	24 TH	AA. BURIAL.	CREMA 2	4B DATE		24c, NAME OF CEM	A 1	FORY ALAD. L	OCATION (City,	town, or county) (St	tatej
	-	Buria-	DRY	EGISTRÁR	SO	INT. C	LEVET	OIRECTOR	10al/6.	ADDRESS	
PLEA	L	CAL REGIST		Thurtu	James 17	Miana, M.B.	Man Cont	Suc 12	17 St Pa	ul st.	- 3
	-	VS 150	10091	. 14.	7	To sufficient to the second	, and	1	1 31. 134	0 1	
						2	1860			74a	



BALTIMORE CITY HEALTH DEPARTMENT

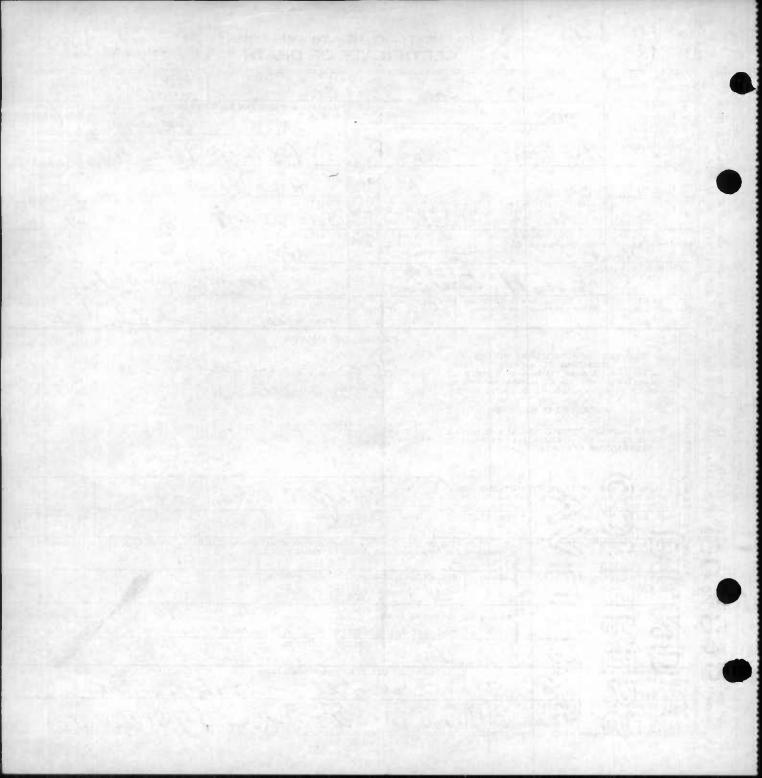
B-a	5		50 EALTH DEPARTMENT E OF DEATH Registered No.	4374
The	1.	NAME_OF_DECEASED	2. DATE	
ied.		Willard T. Barnes	DEATH MAY 13	
lddı	A.	Baltimore City, Maryland	A. STATE B. COUNTY	before admission)
fully supplied.	HO	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR location) STITUTION CL. David Name in a Horse		
full ly.	L	St. Paul Nursing nome	Baltimore	5 township)
degibly	c.	Length of stay in Baltimore Unknown Mos. Days	b. street address (If rural, give location) 510 Park Avenue	
should be		SEX 6.COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 25,1865 9. AGE (In years it lind and in the last birthday) 84 Month	eil Year Hundar 24 Hours B Days Hours Min.
on shor	work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) Com. Artist - Retired Newspaper		U.S.A.
ath	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ING orm	1.5	Charles A. Barnes . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Elizabeth Willard	
R BINDING em of information s causes of death clea	(Ye	NO or unknowo) (If yes, give war or dates of service) SECURITY NO.	L.T. Barnes 203 Columbia St.,	RESS Elmira N.Y.
ESERVED FO INK. Every it lease write the	CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH ensive Cardio Vascular Disease ry thrombosis	5 Yrs. ?
MARGIN NFADIN nysicians:	RTIFIC	II (c) Old Ag	e. Acute Prostatitis	
MARGIN R UNFADING Physicians: p	CERI			
	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
LY, WITH important.	EDICA	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., I about home, farm, factory, street, office bldg.,		exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
VRITE PI.		22. I hereby certify that I attended the deceased from deceased alive on May 12, 19 50, and that death occur	rch 1, 19 50to May 13, 150	that I last saw the
/RIT		23A. SIGNATURE / Mann	238. ADDRESS 516 Cathedral St., Baltimore, Md.	23c. DATE, SIGNED
PLEAS W	24	M. D.	CREMATORY 24D. LOCATION (City, town, or	
EAS		Cremation May 15,1950 Loudon Par	k Baltimore, Mary	
PLI		ATE RECEIVED BY REGISTRAR'S SIGNATURE AY 1 5 1950	Wm. Cook Inc. 1217 St. Paul	St.
		vs 150 Voc	783	935



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MARGIN RESERVED	WRITE PL. LY, WITH UNFADING INK. Every	Tol.
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BALTIMORE	CITY	HEALTH	DEPARTMENT	-
CERTIF	FICA	TE OF	DEATH	

605	0 4375	BALTIMORE CITY H	EALTH DEPARTMENT	50	4375
BIRTH N	o.		E OF DEATH	Registered No.	2070
1. NAME (Type or	OF DECEASED WILMA	JEAN EL	LER	2. DATE OF DEATH 5-/	4-50
	OF DEATH: nore City, Maryland		4. USUAL RESIDENCE (WE		titution: residence before admission)
HOSPITA	LOR	l or institution, give street address o location		GRIFFIN utside corporate limits, v	vrite RURAL and give
INSTITU	UNIVERS	SITY HOSP.	GRIFFIN	(40 mi. B.	township)
c. Lengt	h of stay in Baltimore	Yrs. Mos. Days	1400 FAL	AS RD.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	SEPT 23 1987		et 1 Year H Under 24 Hours is Days Hours Min.
	AL OCCUPATION (Give kind of namost of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR		eign country) 12	CITIZEN OF WHAT COUNTRY?
13. EAVH	ER'S NAME	FLLER.	14. MOTHER'S MAIDEN NAI	ME CO	100
(Yes, no or u		FORCES? VI6 SOCIAL SECURITY NO.	17. INFORMANT	e cruwi	RESS CO
18.	126 X	CALISE	OF DEATH	Suffer	INTERVAL BETWEEN
(T	DISEASE OR CONDITION I LEADING TO DEAT als does not mean the mode of rt failure, asthenia, etc. It mear ary or complication which co	dying, e.g., (A)	once planman	shoose	2 ys.
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F RIS	BEASES OR CONDITIONS, IF E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	STATING THE DUE TO			
TIF	11	(C)			
Ⅲ TR	HER SIGNIFICANT CONDI- BUTING TO THE DEATH, BUT I THE DISEASE OR CONDITION	NOT RELATED	reptic Ulces.		1 mge
4 ms	nt here	B. MAJOR FINDINGS OF OPE	RATION		YES NO P
Номі	CCIDENT, SUICIDE. CIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		in Baltimore City, give	exact location)
	IME (Month) (Day) (Year) JURY	(Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILE MORK AT WORK	E	OCCUR?	
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	oval (Specify)	24c, NAME OF CEMET	till " Inc	offin Ga	4
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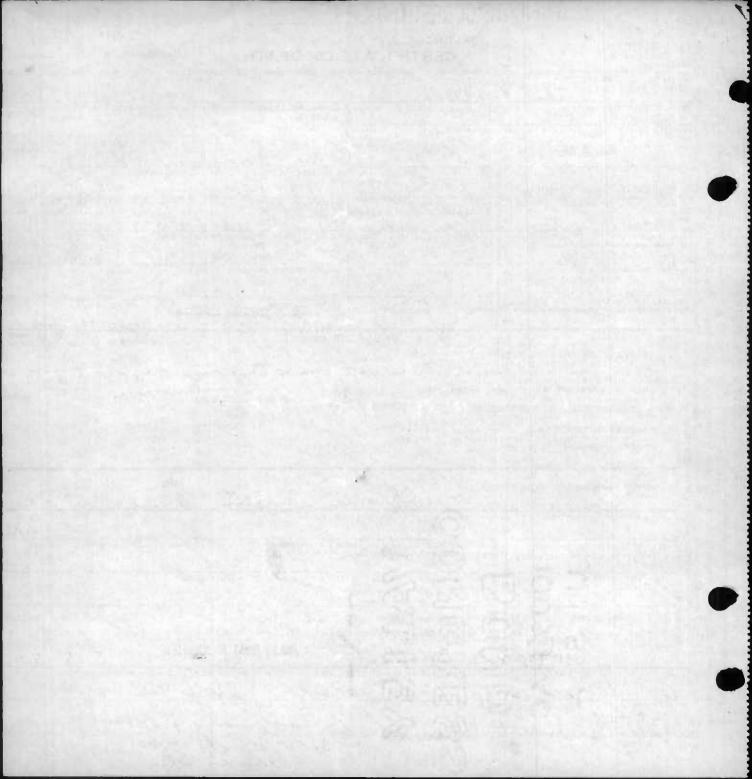


1.1	-	56	V FO ASTRO
L, ed.	0	A376 CERTIFICATE	/
ed.		NAME OF DECEASED Mrs. Sydney Ecken	70 de 2. DATE OF 5-13-50.
supplied.	A.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. GOUNTY before admission)
IIy	H	CD1=11 OD 7-447\	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
legib	C.	Yrs. Mos. Length of stay in Baltimore Days	ROUTE 6, Westminister, Md.
ld b	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	B. DATE OF BIRTH 10-3-91 9. AGE (In years Il Under I Year Il Under 24 Hours Min.
	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of loss KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
atic	13		MOTHER'S MAIDEN NAME
R BINDING em of inform causes of de	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? DO OF URBOWN) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Trinformant Schemole Taylorenill med
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	tatie Careinoma of Liver from Linoma of the lanereas.
-	AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?
LY, WITH important.	MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in o about home, farm, factory, street, office bldg., etc.	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
4		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
r PL pecia		22. I hereby certify that I attended the deceased from 3 -	ed at 8.25 p.m., from the causes and on the date stated above.
VRITE PL		23A. SIGNATURE Q. J. Castulaus 231	B. ADDRESS Becaus Hosp. 23c. DATE SIGNED
PLEASE W	2. TI	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER) N. ROMOVAL (Specify) Way 17-50 Westmuster	Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
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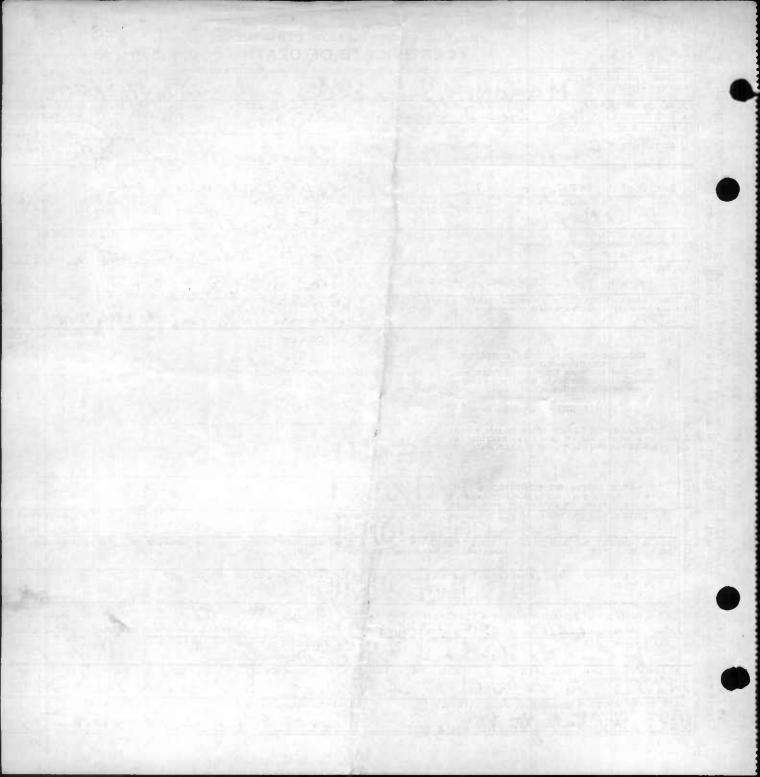
11		- 460 CERTIFICATE CORRECTED 5-21	4-50	MERCHAN			
The	() B	BALTIMORE CITY HEAD CERTIFICATE	LTH DEPARTMENT X 50	4377			
		Type or Print) Fith Miller	2. DATE OF DEATH MANY	+11950			
ıpplie	A.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institute B, COUNTY	tion: residence before admission)			
efully supplied.	H	B. FULL NAME OF (If not in hospital or institution, give street address or location) OR ROPELLS AUSTILLE OR ROPE	CITY OR TOWN (If outside corporate limits, write	e RURAL and give township)			
eful.		Yrs. Mos.	D. STREET ADDRESS (Iffrural, give location)				
d b		WIDOWED, DIVORCED (Specify)	DATE OF BIRTH 9. AGE (In years fi linder last birthday) Montha;	Year If Under 24 Hours Days Hours Min.			
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nform of dea	15	Hirsh Dannenhirsh 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. (or, oo or uokoowa) (If yes, give war or dates of service) SECURITY NO	Hinda Jacobson 7. INFORMANT	SS			
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UNFADING Physicians: p	ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-	= pyelon ol : [i	3 445			
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RI		23A. SIGNATURE Joseph D. Bking. O. 23B.	ADDRESS TO MAPKING MUSPITE. 230	15-50			
ag	2 TI	24A. BURIAL, CREMA. 24B. DATE 24C. NAME GECEMETERY DON REMOVAL (Specify) Durial May 16-900 Brain SA	1 MI 1/1/1	inty) (State)			
PLEA	DLM	DATE RECEIVED BY REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR & Down,	RESS			
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Rete	r 1	o Med. Examner					
M	-	220	ALTIMODE CITY III		50	4378	
50		4378		E OF DEATH	Registered No.		
The	-	RTH NO.	CERTIFICAT	L OI DEATH			
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efully supplied.		PLACE OF DEATH:	1 30199	4. USUAL RESIDENCE (W			
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eful	3	7 Mercy Hospia	D. STREET ADDRESS OF	rural, give location)	-01		
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NDING information of death cl	A	Tabaky 13-		14. MOTHER'S MANDEN NAME			
DIN of d	15	. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT Days	STEV ADDR	ESS/	
BINDIN of infor uses of d	(X 84	(If yes, give war or dates of service	security No.	Mrs. Eve lyn Ga	1.5 7/3 W.	Hambura S	
		18. 422 /	CAUSE	OF DEATH		INTERVAL BETWEEN	
FOR item	DISEASE OR CONDITION DIRECTLY						
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ARGIN FADIN sicians:	H	П	Diabe	TOG MPHI	M	y -y ears	
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TE PL especial		22. I hereby certify that I attended	the deceased from	- 12 , 1950, to 3	/3 , 1950, tl	at I last saw the	
WRITE ge is esp		deccased alive on 5-13, 195	, and that death occu		he causes and on the d	ate stated above.	
Es:		23A. SIGNATURE	enaid	238 ADDRESS	Washitel?	SC. DATE SIGNED	
7 00	24	4A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or c		
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-	-) 00	BALTIMORE CITY HEAL	TH DEPARTMENT \	1 50	4000			
5	CERTIFICATE OF DEATH Registered No.								
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		PLACE OF DEATH: Baltimore City, Maryland	2 Oto, (1/1/2) 11 4.	USUAL RESIDENCE (When		ution : residence before admission)			
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613	CEF	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATEO						
	AL	19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPERATIO	NO		20. AUTOPSY?			
DOI 100	EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in	Baltimore City, give e	xact location)			
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20		deceased alive on 5/12	, 1950, and that death occurred	atm., from the	causes and on the da	te stated above.			
21 0		John H.	Holmes M.D. P	mondent	230	5/13/50			
2 2		A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETERY O	OR CREMATORY 240. LOCA	ATION City, town, or con	(State)			
211	DA	TE RECEIVED BY REGISTRA	S SIGNATURE 25	FUNERAL DIRECTOR	ADD	RESS			
3	M	CAL REGISTRAR	~ Williams Mr. Cl	roy o. Wels	in lovo B	cantly			
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BALTIMORE CITY HEALTH DEPARTMENT

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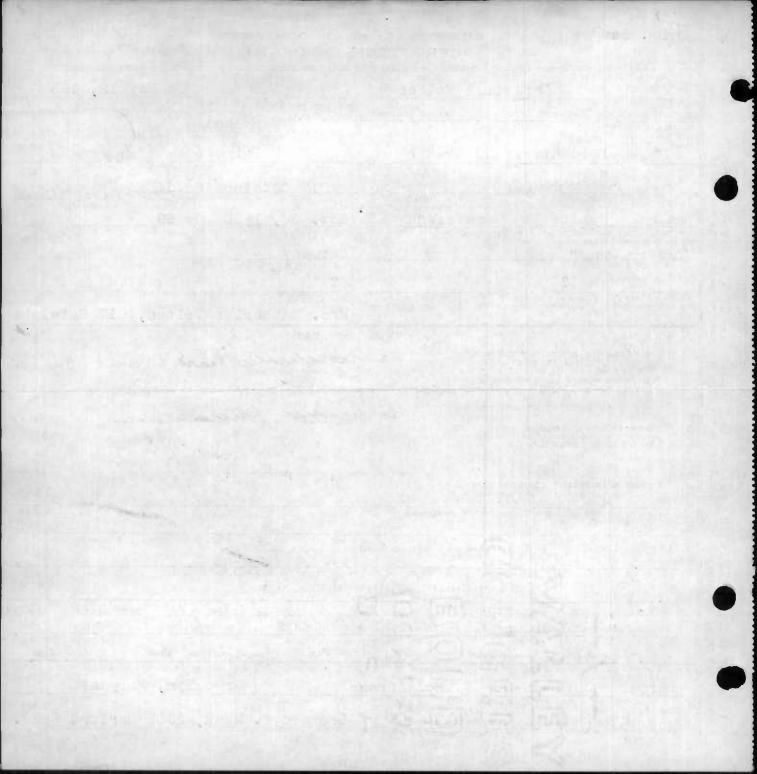
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1. (T	NAME OF DEC		istian	Velter	n			2. DATE OF DEATH May	12	, 1950
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	Length of stay	r in Dollinson			Mos.					
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	deceased alive on Trace, 19. O. and that death occurred at 11 A.m., from the causes and on the date stated above									
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2	4A. BURIAL, CRI		1	24c. NAME		RY OR CREMATORY		CATION (City, tow	n, or co	ounty) (State)
TI	Burial	5-15	-50	Holy	Cross	3	Broo	oklym, Ma	ry la	and
	ATE RECEIVED	BY REGISTRA	R'S SIGNAT			25. FUNERAL DIR				DRESS
-	MANY 1 5 10	The second second	itor Mil	llianes, 10	LA.	Leonard J.	Ruck	k, 5305 H	arfo	ord Road.

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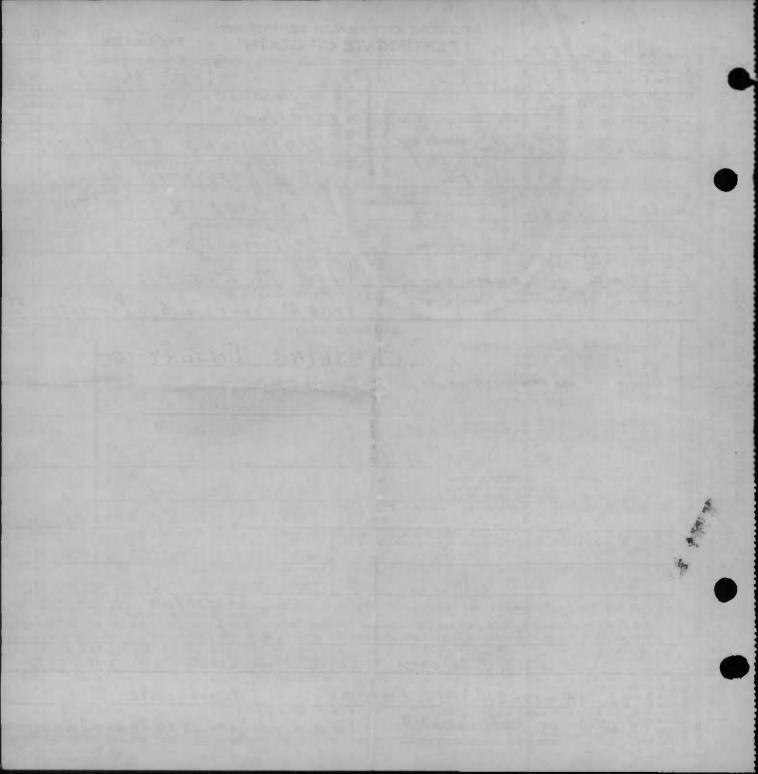
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PLEA WRITE F NLY, WITH UNFADING INK. Every item of information should legisling supplied. correct age is especially important. Physicians: please write the causes of death clearly and regibly.

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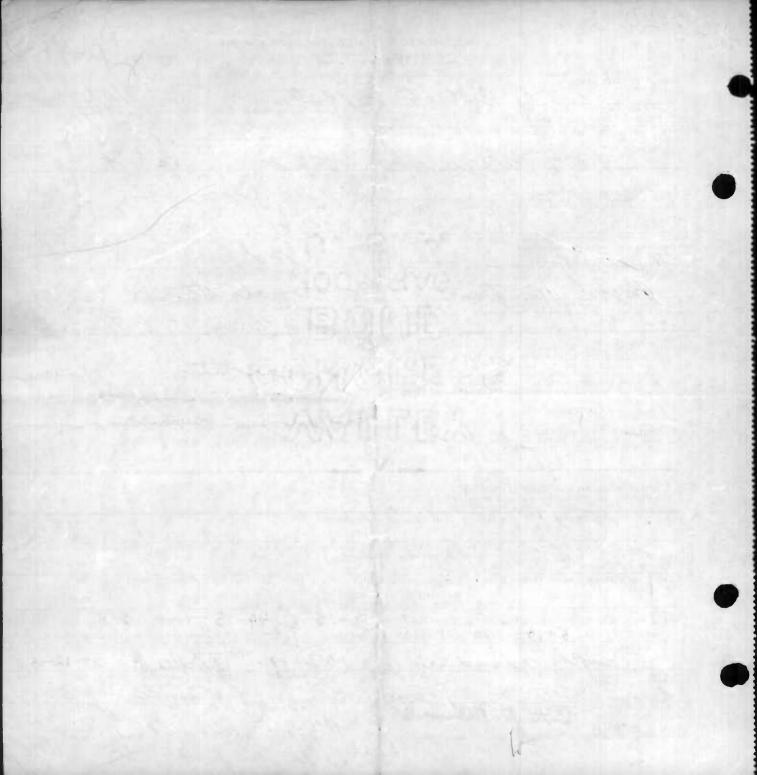


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ADING information should be efully supplied.	(T. 3. A. B. H.O. IN 10 10 10 10 10 10 10 10 10 10 10 10 10	NAME OF DECEASED When the property of the pro	2. DATE OF MAY 12-1950 2. DATE OF MAY 12-1950 2. DEATH MAY 12-1950 DEATH MAY 12-1950 DEATH MAY 12-1950 BEATH MAY 12-1950 DEATH MAY 12-1950 BEATH MAY 12-1950 DEATH MAY 12-1950 BEATH MAY 12-1950 DEATH MAY 12-19
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PLEASL WRITE PL	2. []		red at 5:15 Pm., from the causes and on the date stated above 38. ADDRESS 300 9 Forgular, are 3/13/50



Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 2000 HOSPITAL OR location) C. CITY OR TOWN efully (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTHA AGE (in years | If Under | Year last birthday) | Months: Days If Under 24 Hours WLDOWED, DIVORCED (Specify) Hours Min. Hole 10A. USUAL OCCUPATION Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUST BIRTHPLACE (State or foreign country) 12. CITTEN OF INDUSTR WHAT COUNTRY information Jomestic death 13. KATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war nr dates of/s SECURITY NO KIES BUSFITAL causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADA. RTI NF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш worus and TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF -50 feerery witherkusion to vague 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID of in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from may 30, 1950 to may . 196 Othat I last saw the , 1950. and that death occurred a 112 deceased alive on the a.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED OCOTAR W 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 249. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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atic	13. FATHER'S NAME Adolph Gall				14. MOTHER'S M		ME					
R BINDING em of inform causes of dea	15 (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detee of service) SECURITY NO.					17. INFORMANT	iam M.	Gall - 1	ADDR	ess idor Apts.	
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BALTIMORE	CITY	HEALTH	DEPARTMENT
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Registered No. 4386

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S ₽		NAME OF D	11. 1/				2. DATE OF DEATH 5-12	-50	
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RITE is esp		deceased a	live on May 12	_, 19 <u>5</u> (), a	nd that death occu	rred at 7.33 p.m., from th	e causes and on the	date stated above.	
		23A. SIGNA	0 11/ cg	0.		lu I unda Santan	alles Belle	23c. DATE SIGNED	
PLEASE W	2.4 TI	4A. BURIAL, (S	CREMA- 24B. DATE Specify)	2	4c. NAME of CEMETE	ERY OR CREMATIONY 24D. LO	CATION (City, town, or	the same of the sa	
EAS	K	Suna	2 5/15	150	houder		allemore	11/0.	
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The		CITY HEALTH DEPARTMENT FICATE OF DEATH	Registered No. 4387
	1. NAME OF DECEASED	lones	2. DATE OF 5 - 13 - 50.
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give stre	A. STATE	ere deceased lived. If institution: residence B. COUNTY before admission)
lly	HOSPITAL OR BON SECOUTS HOS	location) C. CITY OR TOWN (If o	utside corporate limits, write RURAL and give
legil	c. Length of stay in Baltimore	Mos. Days 702 E. Bid	dle St. Balto. 2.
uld be	5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIEI WIDOWED, DIVOR		9. AGE (In years last hirthday) Months Days Hours Min.
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RITE PI is especi	22. I hereby certify that I attended the deceased deceased alive on 5-13-, 1950, and that a 23A. SIGNATURE	death occurred at 2.25 p.m., from th	e causes and on the date stated above. Hosp 23c. DAJE SIGNED
PLEASE W.		of CEMETERY OR CREMATORY, 24D. LO	CATION (City, town, or county) (State)
PLE	DATE RECEIVED BY RECHETRAR'S SIGNATURE	Claves Ut. Con	Melin 924 E. Eagen &

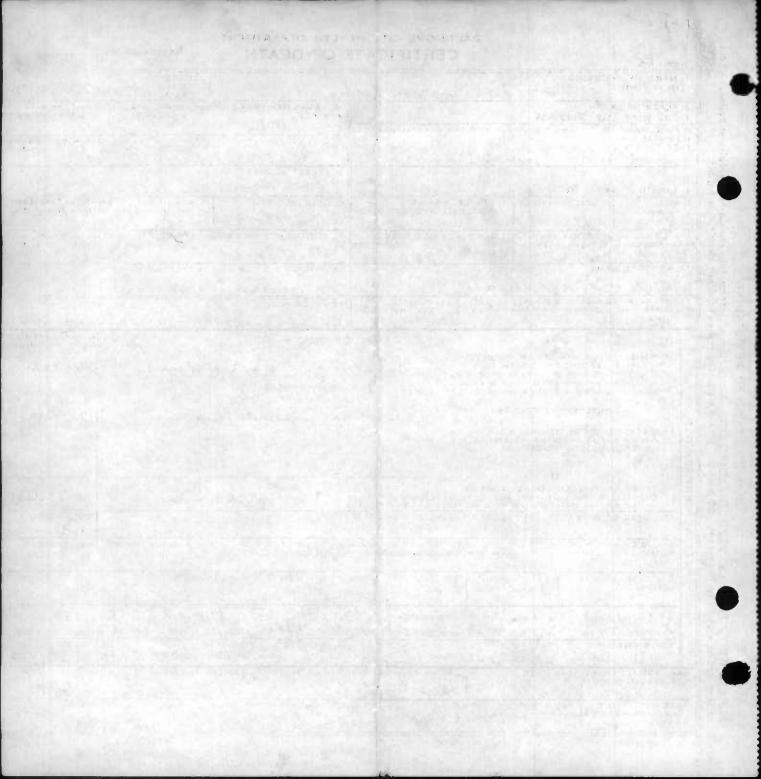
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0 4388		EALTH DEPARTMENT	5 Registered No	0 4388
BIRTH NO.	CERTIFICAT	E OF DEATH	registered ite	
1. NAME OF DECEASED (Type or Print)	Cavanaug	4	OF DEATH Ma	4 12 19.50
3. PLACE OF DEATH: A. Baltimore City, Maryland)	4. USUAL RESIDENCE (V		stitution: residence before admission)
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Wet Belto. Comed	Horntel	BALTIMOI	outside corporate limits,	o f township
46	Yrs. Mos.	D. STREET ADDRESS (If		
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	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mulast birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B.	CIND OF BUSINESS OR	11. BIRTHPLACE (State or fe		12. CITIZEN OF
PARTS MANAGER AUT	O. BUSINESS	BALTIMORE		U.S.A.
13. FATHER'S NAME	10001147=30	14. MOTHER'S MAIDEN N.	AME	ν,3.Α.
JOHN P. CAVANAUG	4	FLORENCE A	Finance	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknowo) (If yes, give war or dates of service)		17. INFORMANT		DRESS
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18. 204,1	CAUSE	OF DEATH		ONSET AND DEATH
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	JOR FINDINGS OF OP	ATION		20. AUTOPSY?
V 211 ACCIDENT SUBCIDE				YES NO
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21D. TiME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
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22. I hereby certify that I attended	the deceased from M	ay 9 , 1950, to 1	1 ay 12, 1950	that I last saw th
deceased alive on May 12, 19.	and that death occu	rred at 11.35 Am., from t	he causes and on the	
23A. SIGNATURE OJ. T	auri M.D.	23B. ADDRESS Belto 6	- Hoop	May 12 195
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town, o	
Way 16 - 19	of new loathe	dual	Baltimore	and.
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR WAS AND A STANDARD TO THE PROPERTY OF THE PR	ATURE	25. FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTRAN MULICIPAL IN	liania, Ma	Elizbeth Harle	Jun 15 6	Quanti IN
WAY 5 1950 -		Casarren March	1.MC. 110 G	· Werey Ar.



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20. AUTOPSY? (If in Baltimore City, give exact location) self Inflicted thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. RECEIVED BY 25/FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

before admission)

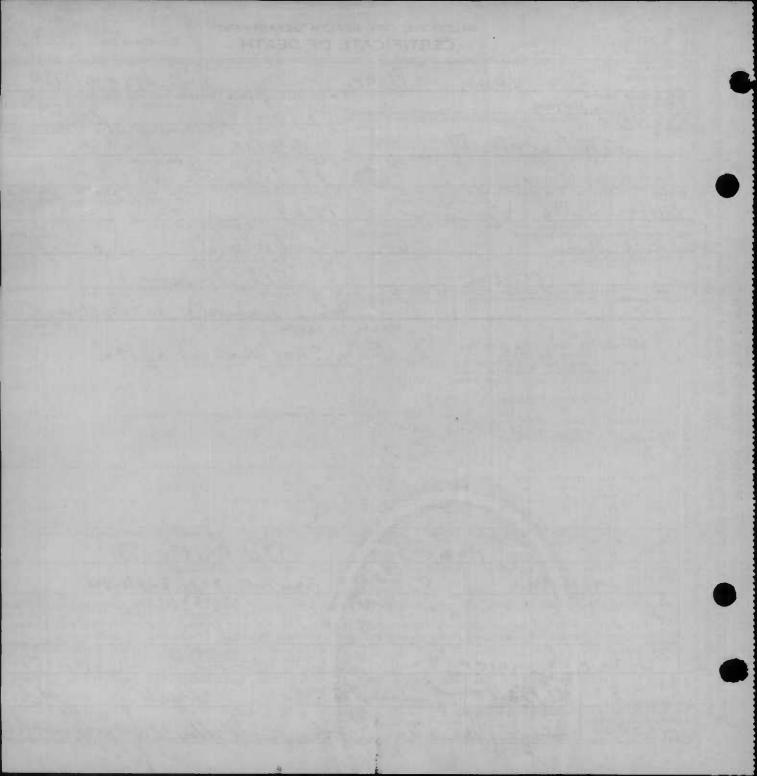
12. CITIZEN OF

ADDRESS

WHAT COUNTRY!

ONSET AND DEATH

township)



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BI	RTH NO.			CERTIFICA	TE OF DEAT	H	Registered	No	
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	PLACE OF D	EATH: City, Maryland			4. USUAL RESID		B COUNTY		residence ore admission)
В.	FULL NAME		oital or institu	tion, give street address	or	Meryland			
	STITUTION	2359 Euta	w Place	locatio	C. CITT OR TOWN		itside corporate lin	nits, write RU	RAL and give township)
0	0				Baltin		12	-01	
-		tay in Baltimore		10 Yrs Mo	2359 Eute	w Place			
	Male	White		E. MARRIED.	Nov 12,189		9. AGE (In years last birthday)		H Under 24 Hours Hours Min.
		CUPATION (Give kind of working life, even if retire		D OF BUSINESS OR INDUST	11. BIRTHPLACE	(State or fore	eign country)	12. CITIZ WHAT	EN OF COUNTRY
13	. FATHER'S	NAME	I this class	1000	14. MOTHER'S M.	AIDEN NAM	1E	1	
		Unkown			Marie Ti	intner			
15 Yes	. WAS DECEAS	ED EVER IN U.S. ARM	IED FORCES?	16. SOCIAL SECURITY NO 2/6-18-36		e Tintr	ner 2359	ADDRESS Eutaw Pl	Lave
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	22. I hereby certify that I attended the deceased from $5-13$, 19, to $5-14$, 19, that I last saw the								
	deceased alive on 5-13, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above								
		TURE	, 10	with the transfer	23B. ADDRESS		11	23c. DA	TE SIGNED
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TI	AA. BURIAL.	Specify May 1			emetery Rogers		Baltimor	e Md	
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24c. NAME OF CEMETERY OR CREMATORY

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24D. LOCATION (City, town, or county) Baltimore Md

before admission)

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

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township)

24A. BURIAL, CREMA-TION REMOVAL (Specify)

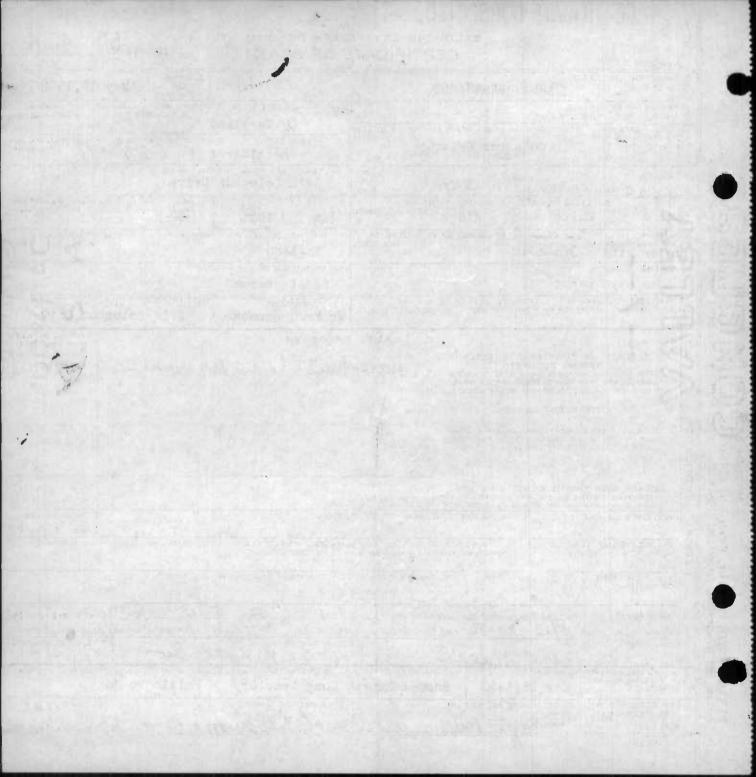
DATE RECEIVED BY

24B. DATE

May 16,1950

REGISTRAR'S SIGNATURE

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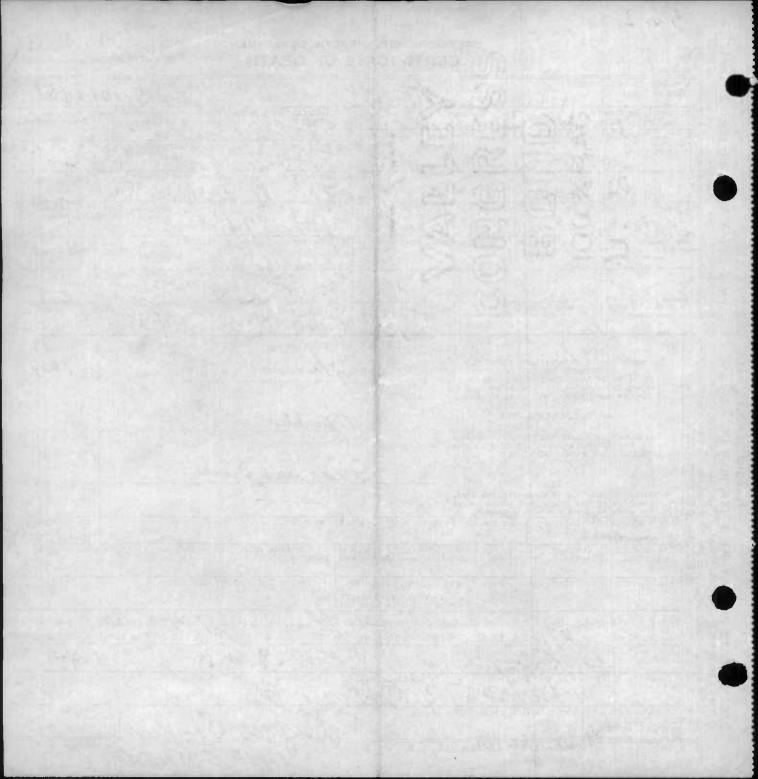


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(If outside corporate limits, write RURAL and give (Moraral, give location) 9. AGE (in years last birthday) Months Days Hours Min. If Under | Year 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) 6/ 12/30, 19 5, Ahat I last saw the m., from the causes and on the date stated above. 23C. DATE SIGNED ADDRESS

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CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF leylis 13050 DEATH M &4 11 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived of institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MZYY Maryl B. FULL NAME OF (If not in hospital or institution, give street address or location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) It more Hospilal MEMOVIA Yrs. D. STREET ADDRESS (If rural, give location) Mos. Stanton c. Length of stay in Baltimore AVe Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) | Months; Days | Hours; Min. Famale Married 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman Manneri 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO F. Bosa Jr. Luchown 8-18-0293 Husband INTERVAL BETWEEN 337 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., nor -left internal heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-Lest Lierger ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTORSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE [AT WORK WORK , 1950 to May 11 22. I hereby certify that I attended the deceased from May , 19 50 that I last saw the , 19 50, and that death occurred at 8 2 P.m., from the causes and on the date stated above. deceased alive on May 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY Bunal DATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

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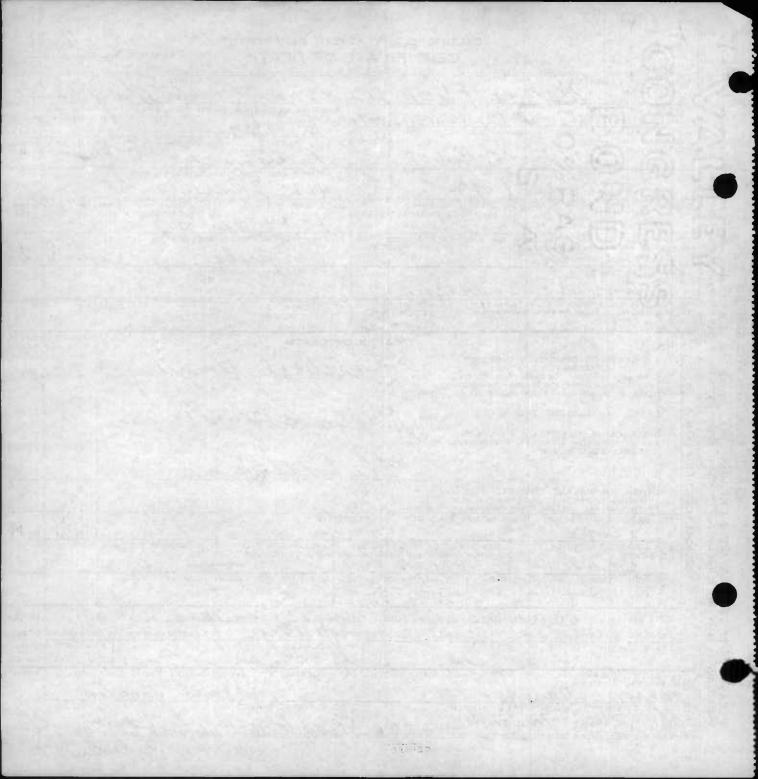
	CERTIFICAT	E OF DEATH Registered No.	
11 /10	NAME OF DECEASED	2. DATE	
	type or Print) Lymouthoretta Dorsey	Jackson DEATH MLY	13.1450
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution ; residence
В.	FULL NAME OF (If not in hospital or institution, give street address o	I Mbuy and	
	OSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)
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The T	0	4396 IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	4396
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efully supplied.	A. B.	PLACE OF DEATH! Baltimore City, Maryland 1412 4 FULL NAME OF (If not in hospital or institut		4. USUAL RESIDENCE (Wh A. STATE Mary land	B. COUNTY	tion; residence before admission)
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3		Length of stay in Baltimore / y	Yrs. Mos. Days	1412 - Laur		,
should be	1	T	E. MARRIED, NED, DIVORCED (Specify)	1-14 92	9. AGE (In years last birthday) Months 1	
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	Σ	210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
		22. I hereby certify that I attended the deceased alive on 14.131950.	e deceased from		Kay 13, 1950tha	
RI		23A. SIGNATURE		238 ADDRESS 25-30- Janua		c. DATE SIGNED
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

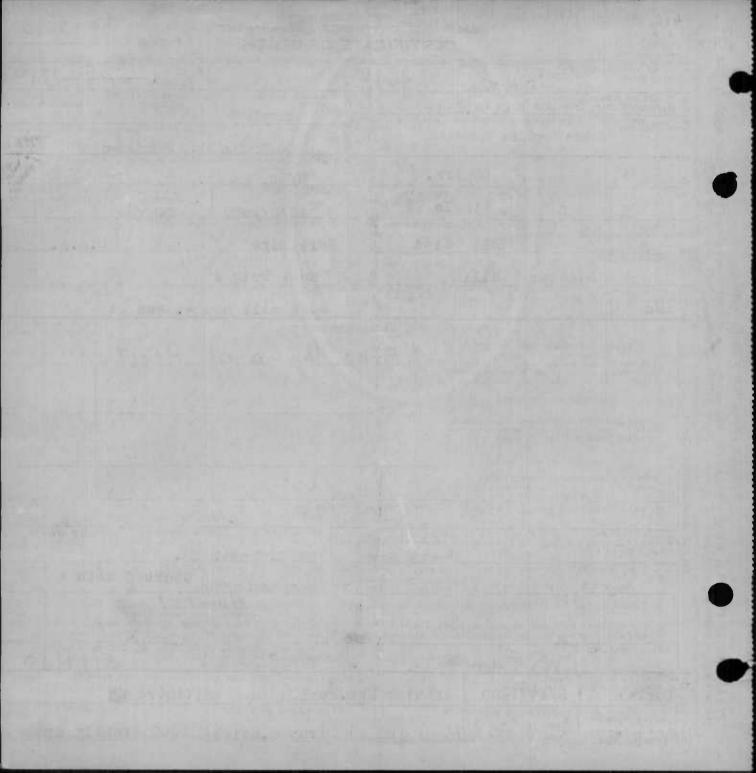
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1. NAME OF DECEASED (Type or Print)	rrie Johnson		2. DATE. OF DEATH	5-9-1950		
	ital or institution, give street address or e City Hospitals location) ern Ave.		B. COUNT	red. If institution: residence ry before admission) Limits, write RURAL and give township)		
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1126 Orleans St		on)		
5. SEX 6. COLOR OR RACE Female Negro		8. DATE OF BIRTH	9. AGE (In year	Ars Under Year Under 24 Hours Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work doos during most of working life, even if retired		11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	MENTAVEL	14. MOTHER'S MAIDEN N	AME			
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3. A.	. PLACE OF DEATH: . Baltimore City, Maryland p	Balto City	A. STATE	(Where deceased lived, If inst	before a
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IN	NSTITUTION Johns Hopkin	us nospicai		St., Baltimore	
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5.	. SEX 6. COLOR OF RACE M C	Single Divorced	74/0/4767	last birthday) Month	
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[dd:	Α.	Baltimore City	, Maryland 4]	MAVSTATE	B. COUNT		before admission)		
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age	24	IA. BURIAL, CRE	MA- 246. DATE	un	M. D. 24C. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City,	town, or co	unty) (State)
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20. AUTOPSY7

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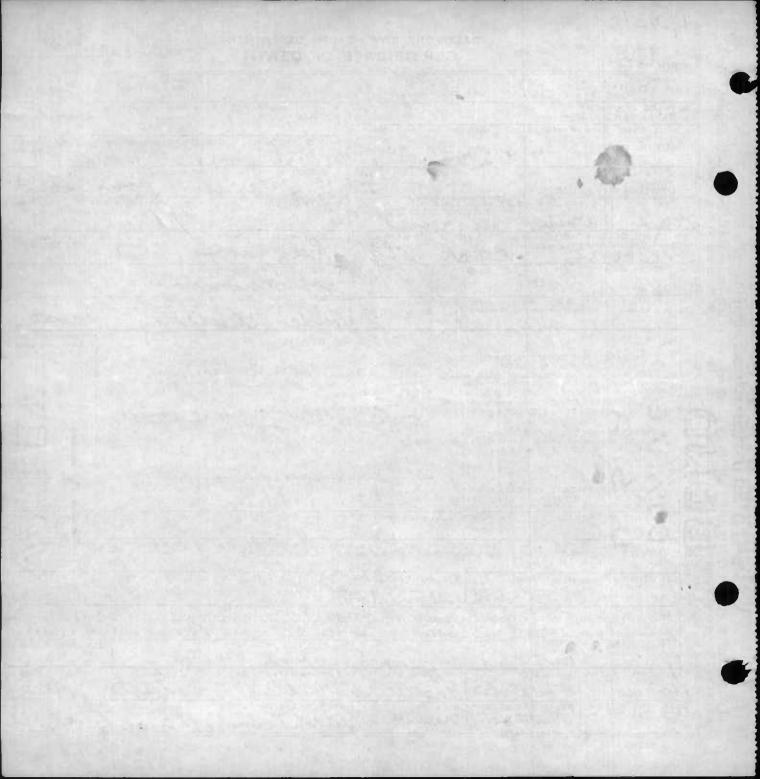
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5	BI	AAGA	HEALTH DEPARTMENT	50 4401 Registered No.
		NAME OF DECEASED JOE SCHLOSSBER	G	2. DATE OF MAY 14, 1450
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE	Vhere deceased lived. If institution: residence B. COUNTY before admission
	HC		45	outside corporate limits write RURAL and give
٠.	IN	STITUTION WAI HOSPITAL OF BALT		1 Stormship
108101	c.	7 - 12 6 6 6 m m	Yrs. D. STREET ADDRESS (If	
alla	5.	SEX 6. COLOR, OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S) Wale Whate Married.	B. DATE OF BIRTH	9. AGE (In years fi Under Year ff Under 24 Hours Last birthday) Months Days Hours Min.
Call	10 vori	A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS Conedoring moet of working life, even fredred)		oreign country) 12. CITIZEN OF WHAT COUNTRY
Cause	13	FATHER'S NAME	74. MOTHER'S MAIDEN N	AME
70 0	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I. no or unknown) (11 yes, give war or dates of service) SECURITY N	NO. 17, INFORMANT	ADDRESS ADDRESS
in section of the sec	ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	socardial Info	rt Disease
	O	10 THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?
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any important	MED	ADMICIDE (Specify) about home, farm, factory, street, office 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY WHILE AT NOT N	bldg.,etc.) INJURY OCCUR? URRED 21F. HOW DID INJURY WHILE	Y OCCUR?
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13 63		deceased alive on May 14, 1950, and that death of	23B. ADDRESS	he causes and on the date stated above
200	24	BURIAL, CREMA- 248. DATE 24C NAME OF CEN		OCATION My, town, or county) (State)
המזברו		ATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 15 1950	26. FUNERAL DIRECTOR	de 2100 Entan Pl
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BALTIMORE CITY HEALTH DEPARTMENT

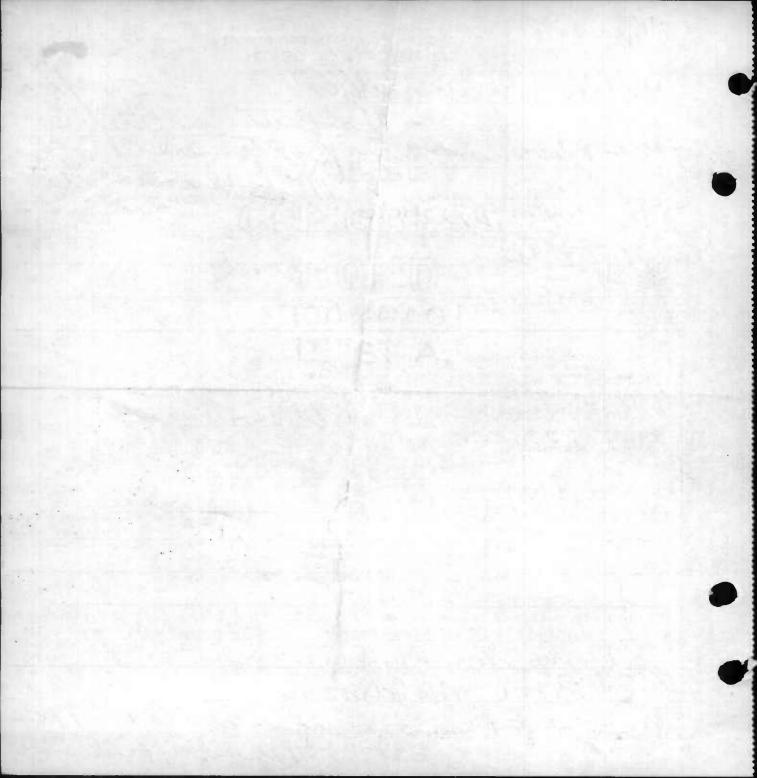
W T		CERTIFIC	HEALTH DEPARTMENT 50 ATE OF DEATH Registered No.	4403
MAKGIN RESERVED FOR BINDING UNFADING INFORMATION should be fully supplied. The Physicians: please write the causes of death clearly and legibly.	1.	NAME OF DECEASED type or Print)	2. DATE OF MAY	14.1950
	3. A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street addr	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE MARYLAND DEATH 1/37 A. USUAL RESIDENCE (Where deceased lived, If in BAUT).	1) 1
		DISPITAL OR UNION MEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits, BALTIMORE -/8 /2	write RURAL and give
	C.	Length of stay in Baltimore SqYRS.	Yrs. D. STREET ADDRESS (If rural, give location) 3443 Criffed Unice	
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	pecify) MAR 7 1944 last birthday) Mont	nder 1 Yaar ths Days Hours Min.
	10 work	A. USUAL OCCUPATION (Give kind of a done during moet of working life, even if retired) A. D. N. E. housewife		WHAT COUNTRY
	13	MILTON JET-FERSON	14. MOTHER'S MAIDEN NAME ELLA NOBLE	037
	15 (Yes	(If yes, give war nr dates inf service) NO	NO. HEREN JEFFERSON WEBER	DRESS SAME
	LIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ciona of the paners	month
UNF	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nerstych arteroschoping	
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ally impo	MEDIC	m. WORK AT Y	URRED 21F. HOW DID INJURY OCCUR?	
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PLEASL (correct age	TIC	ON REMOVAL (Specify)	METERY OR CREMATORY 24D. LOCATION (City, town, or ark cemetery Baltimore, M	or county) (State)
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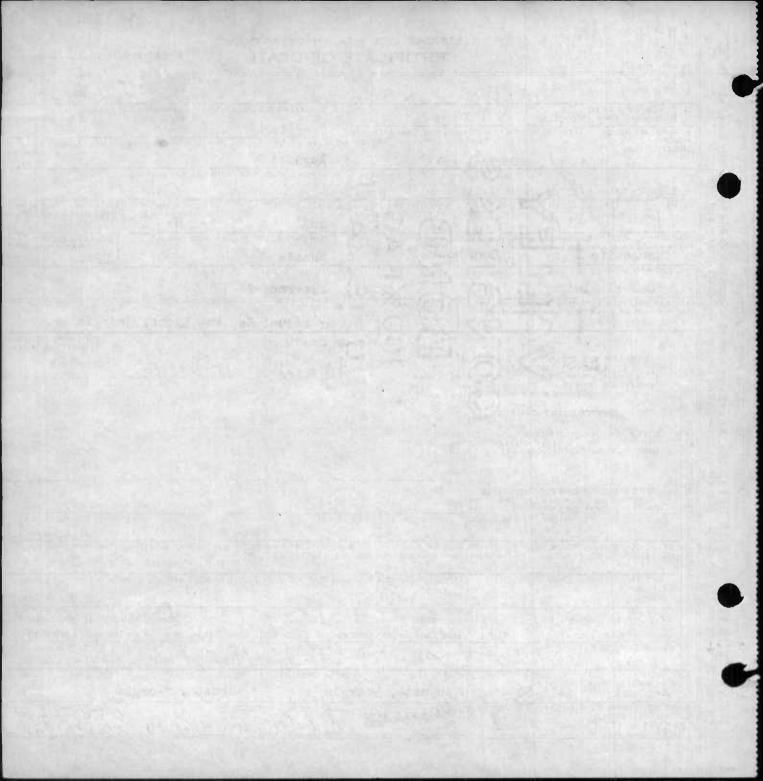
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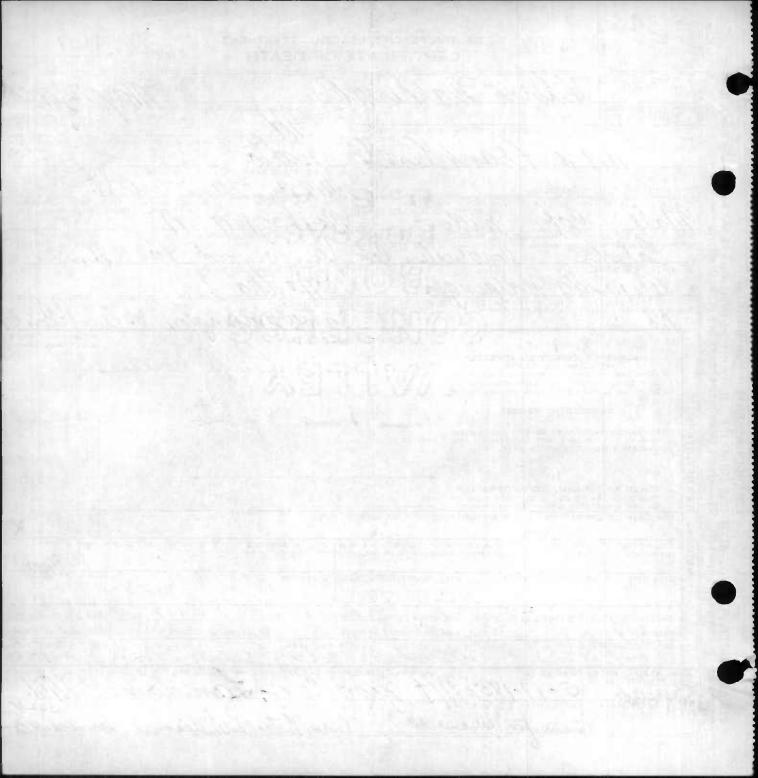
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1	T 50 4406 BALTIMORE CITY	HEALTH DEPARTMENT	
	IRTH NO. CERTIFICA	TE OF DEATH Register	ed No
1	NAME OF OECEASED AND FOR Print)	2. OATE OF	5/14/5
3	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased live	ed. If institution; residence
	Baltimore City, Maryland	A. STATE B. COUNT	
Н	FULL NAME OF (If not in hospital or institution, give street address locati		limits, write RURAL and give
111	SINA, HOSPITAL	Augusta	township)
	Yr		n)
c	Length of stay in Baltimore Da	os.	
5	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In year	Months Days Hours
	P W W W	1881 69	Months Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR k done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
	Housewife own home	Russia	USA.
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Samuel Slutsky	Florence ??	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. 25. no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT	ADDRESS
		Mr Samuel Kaplan- Lyons,	Georgia
	18. 20/X , CAUS	E OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1.11.11	
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
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E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
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ERI	OTHER SIGNIFICANT CONDITIONS CON-		
C	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
7	19A. OATE OF OPERATION 19B. MAJOR FINOINGS OF OF	PERATION	20. AUTOPSY?
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	OF INJURY WHILE AT NOT WH	HLE	
	m, work at wol		. (0
	22. I hereby certify that I attended the deceased from		19 Qthat I last saw the
	deceased alive on 1900, and that death oc	curred at 10.30 m., from the causes and	on the date stated above
	Dernard From M.D.	Sinai Holon ta	3/15/50
2	44 BURIAL CREMA- 248 DATE 1244 NAME OF CEME	ETERY OR CREMATORY 240. LOGATION (City,	town, or county) (State)
TI	ON REMOVAL (Specify) 5-15-50 Augusta, Ge	eorgia Augusta, Georgia	gia
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	1124-26 W
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1			THE PROPERTY OF THE PROPERTY OF THE PARTY OF

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BALTIMORE CITY HEALTH DEPARTMENT 4407 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Astitution residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location fully (If outside gorporate limits, write RURAL and give INSTITUTION Yrs. of rural, give ADDRESS Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE AGE (in years last birthday) II lindui I Year Il linder 24 House Months Days Hours Min. WIDOWED DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of work done duying most of working life, even if retired) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign country 12. CITIZEN OF INDUST WHAT COUNTRY information 13. PATHER'S NAME death MAJOEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS (Yes, no or prknown) (If yes, give war or dates of service) SECURITY NO. causes CAUSE INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) H RTI OTHER SIGNIFICANT CONDITIONS CON-11 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DIC 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 111 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK TE PL especial , 19 50 , 19 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on and that death becurred at. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS ne 24A. BURIAL, CREMA-24B. DATE NON, REMOVAL (Specify AL REGISTRAR VS 150



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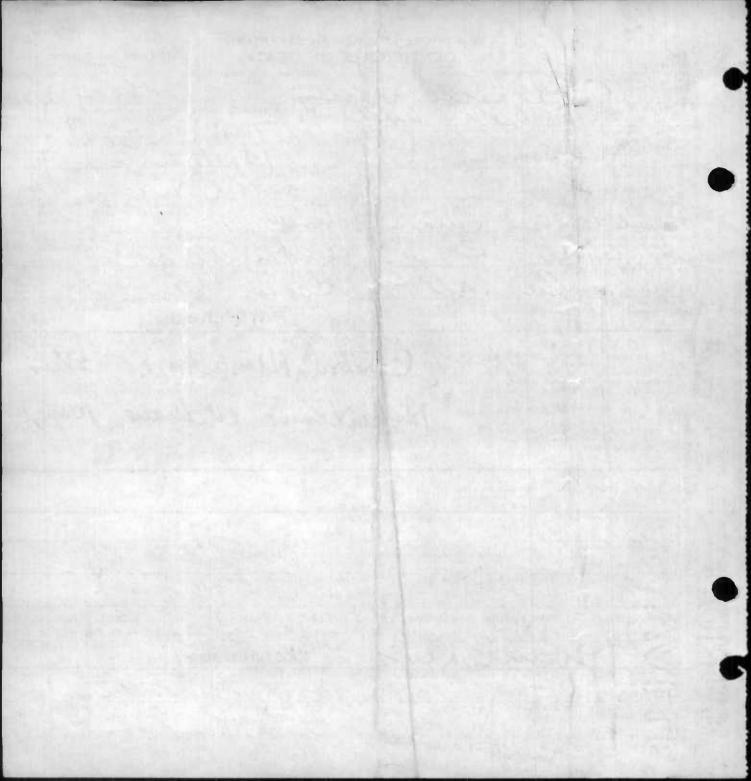
B	346 BALTIMORE CITY HEALTH DEPARTMENT 50 CERTIFICATE OF DEATH Registered No.	4408
supplied. T	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland 2. DATE OF DEATH A. V. USUAL RESIDENCE (Where deceased lived. If instance of the county of the coun	13, 1950 titutish: residence before admission)
fully su	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, vincing and vincin	write RURAL and give township)
should be	Female Col. WIDOWED DIVORCED (Specify) July 6, 1853 96 Month	let I Year N Under 24 Heurs Nin.
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RITE PL is especia	deceased alive on May 12, 1950, and that death occurred at 10-15 Am., from the causes and on the	23c. DATE SIGNED
PLEAS correct age	24A. BURIAL. CREMA- 24B. DATE 24GNAME OF CEMETERY OF CREMATORY 24D. LOCATION Wity, town, or During Control of	may 15 - 180 county (State)
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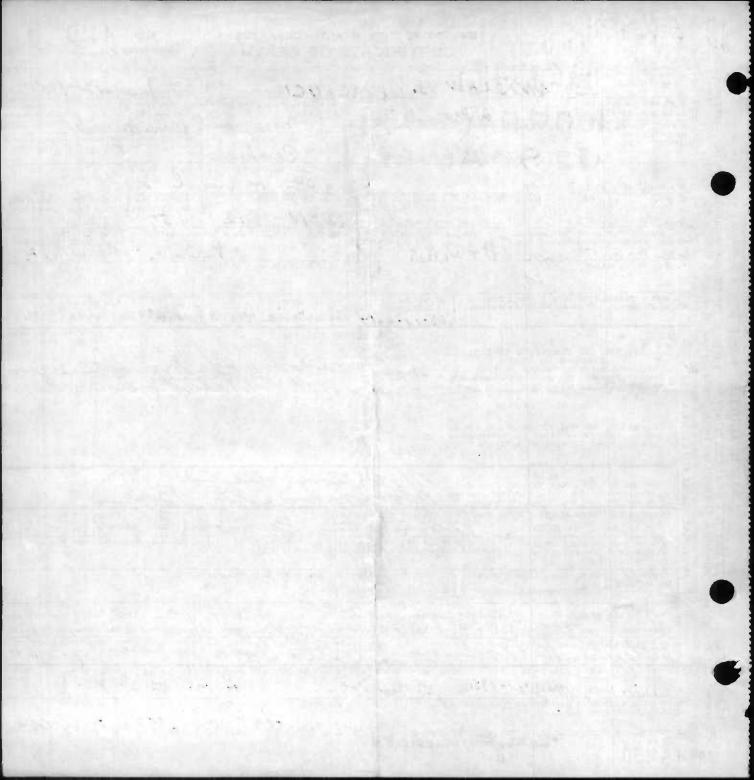
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MARGIN RESE	UNFADING INK. Physicians: please
	Y, WITH y important.
	PLEASE RITE PL.

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BIRTH NO.	110
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH N	(au 13.195
3. PLACE OF DEATH: A. Baltimore City, Maryland Osl 4 - 4. STATE 4. USVAL RESIDENCE (Where deceased lived, I B. COUNTY)	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION (If outside corporate in the control of the corporate in the c	it, write RURAL and give
INSTITUTION JOHNS HOPKINS HOSPING S alturnos	township)
Mos. D. STREET ADDRESS (If rural, give location)	114 (100
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10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHELACE (State or foreign country)	12. CITIZEN OF
Housewife The INDUSTRY Sikesvelle Ind	WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	e e
(YM, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
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. 19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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22. I hereby eertify that I attended the deceased from 5-13-, 1950, to 5-13-, 195	that I last saw the
deceased alive on 5-13-, 19 and that death occurred at 7 m., from the causes and on	
23A. SIGNATURE CENTROLUZO. 23B. ADDRESS MOPKINS BUSHTAI	23c. DATE SIGNED
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DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR	ADDRES Home
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BALTIMORE CITY HEALTH DEPARTMENT

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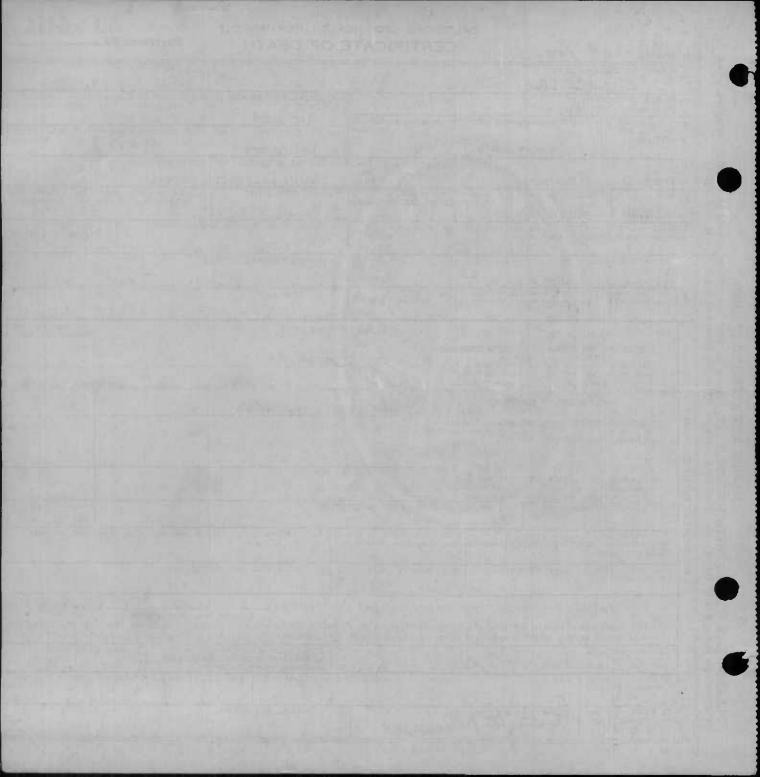
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PÉ	1.	NAME OF DE		SCHMIDT			2. DATE OF DEATH ME	ay 13, 1950
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trt .	L C	19A. DATE O	F OPERATION 19	98. MAJOR FII	NDINGS OF OPER	ATION		20. AUTOPSY?
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PLEASE WRITE PL.	1	the evic	THE MAN PREMARE PREMARE PREMARE 24B. WATE	ge of the ren said Autopsy resulted from	nains described and inspection or land in the control of the contr	Autopinquiry, find that said M, accident [], suice 23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	ide , homicide AL EXAMINER AL EXAMINER BATOR BATOR	the day stated above, undetermined 23c. DATE SIGNED May 13, 1950

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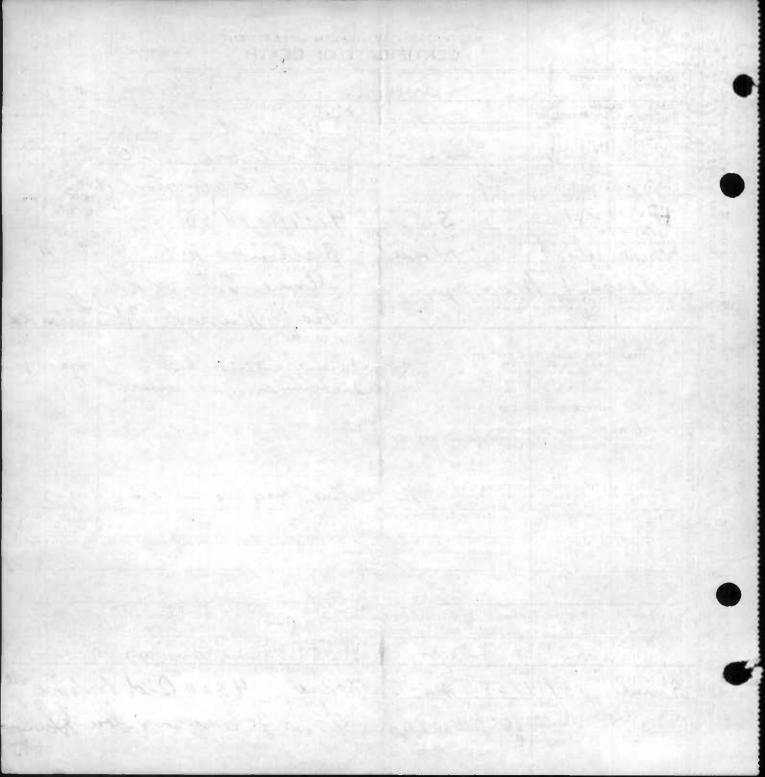
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4412

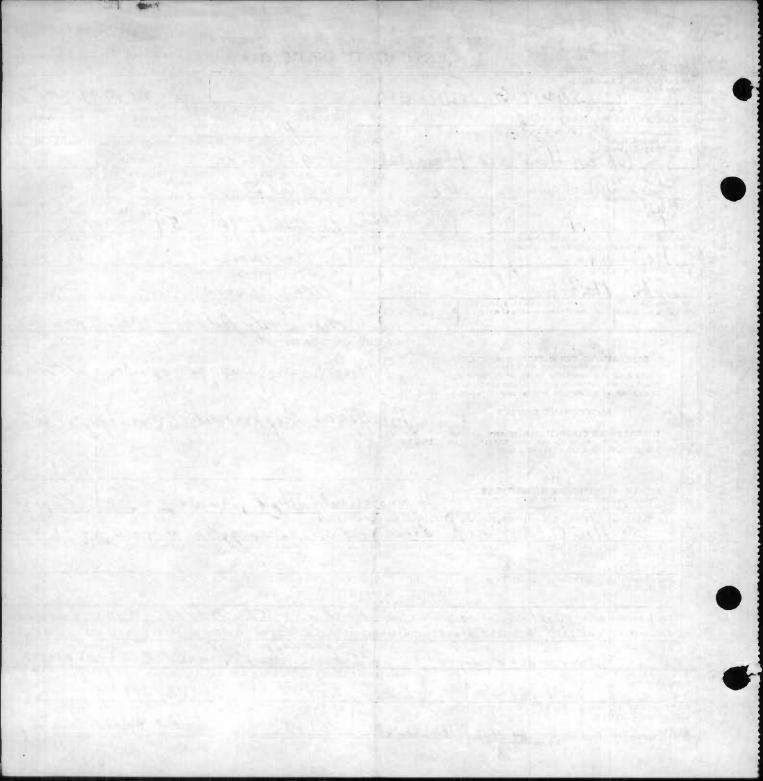
BIATA NO.	
1. NAME OF DECEASED (Type or Print) Murray dather in	e B 2. DATE OF DEATH J-1J
a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION TO A	c. CITY OR JOWN (If outside corporate limits, write HURAL and give township)
With vallmore on Josp	D. STREET ADDRESS Alf rural, give location)
Yrs. Mos.	
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year of Under 24 Hours
WIDOWED DIVORCED (Specify)	4/17/1894 5 ast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if ettired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if detired) 1NDUSTRY	Baltimore had
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William & Murray	Unnie E. Coakley
15. WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, ho or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Leo f. Murray, & alverton Rd
18. MULY . CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	DISEL AND DEATH
(This does not mean the mode of dying, e.g.,	ensur arterior chutic years
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	a manchelan at al design
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	olas hendron chrosin uns
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20 AUTOPSY?
ISS. MAJOR TRAINES OF GREAT	VES NO.
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in About home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
D HOMICIDE (Specify) about homa, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. work L at work	
22. I hereby certify that I attended the deceased from	- 11 1950, to 5-15, 195, that I last saw the
deceased alive on J. J., 19 3 and that death occur	
Warm J. Dain M. D. H	of Seltinon on Hopp 235 DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D, LOCATION (City, Jown, or county) (State)
Burist 5/19/50 New Gath	redral 4300 Wed Drederick
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. JUNERAL DIRECTOR ADDRESS 0/
MAY 1 5 1950" Thinting ton Williams	Goly & Cown of low \$100.
VS 150	The Holling

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	LY,	V ITHING
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4414 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4414 50 Registered No_

(Ту	NAME OF DECEASED TOPE OF Print) M. BOWMAN HOOD M.	DEATH
Α.	Baltimore City, Maryland , Baltimore City, Md.	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
INS	STITUTION HOME WOOD APTS. 2.M.	Balto. MD, townshi
00	72 Yrs.	D. STREET ADDRESS (If rural, give location)
c	Length of stay in Baltimore Mos. Days	MOMEWOOD APTI BALTE MD.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years Under 1 Year Under 24 Hou
	Male white WIDOWED, DIVORCED (Specify)	9-1-1877 last birthday) Months: Days Hours Min
10A	A. USUAL OCCUPATION (Give kied of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
10	Physician Physician	MARYLAND
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN HOOD	HenriettaCLARY
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 20 or unknown) (If yes, give war or dates of service) SECURITY NO.	BOWMAN J. HUDD M.D. SIT BROXTON TO
	No Some None	BOWMAN J. HUDD M.D. BIT BROXTON PO.
	18. 430 / CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	
		ORONARY OCCLUSION 4 hy.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
Z	(B)	
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RTIFICA	UNDERLYING CONDITION LAST.	
드	(C)	
2	OTHER SIGNIFICANT CONDITIONS CON-	
CE		
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
S -	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. K., ic	YES NO
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ic aboot home, farm, factory, street, office bidg., e	
ME.	The (Mark) (Park) (Harry Late IN HERV OCCUPA	ED CATE HOW BID IN HUBY OCCUPA
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
	m. WORK AT WORK	
1	22. I hereby certify that I attended the deceased from	5-13, 1950, to 5-13-, 1950, that I last saw t.
	deceased alive on 5-/3, 19-50, and that death occur	red at 1
	23A. SIGNATURE J. Jord M.D. 2	38. ADDRESS . 200 Garmin Blod Breh. 16. Md 3-13.50
24		
	N. RÉMOVAL (Specify)	
DA	Burial 5/16/50 Loudon Park	25. FUNERAL DIRECTOR, ADDRESS
	CAL DECISTRAD	Office & Sichner & Mars-Ballo
AY	151950 Thintington Williams, Mar	an hanny
	VS 150 Proving Control 1/mg	0.10
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STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4415

Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) MARIE C. WEBER OF DEATH May 14. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 804 St. Paul St. INSTITUTION township Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 804 St. Paul Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH female white Widow Feb. 5. 1895 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Killme ver Alvinia 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Mrs. Dorris M. Schnider 804 St. Paul St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF APERATION 20. AUTOPSY? 3-10. 01 -A-C NO 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory etreet, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK . 19 3, that I last saw the 22. I hereby certify that I attended the deceased from. 130 Pm., from the causes and on the date stated above. 6-14, 1984 , and that death occurred at_ degeased alive on 23c. DATE SIGNED 234. SIGNATURE 23B. ADDRESS 5.15 won 24A. BURIAL, CREMA TION, REMOVAL (Specify 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) /16 Crem Greenmount Balto. Cremation DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.4416

BIRTI	H NO.			CERTIFICATI	E OF DEATH	Register	ed No.	
	or Print)	CEASED	ALTO	N S. JUMP		2. DATE OF DEATH	May 14,	1950
A. Ba	ACE OF DEA ltimore Ci	ty, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (TA. STATE Md.			residence ore admission)
HOSP	TITAL OR	112 Enfield		location)		f outside corporate	limits, write RU	RAL and give township)
c. Le	ngth of sta	y in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		1)	
5. se	X	COLOR OR RACE	WIDOW	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days	Hours Min.
10A. U	JSUAL OCC	UPATION (Give kind of working life, even if retired)		OF BUSINESS OR INDUSTRY	Sept. 21. 1897 11. BIRTHPLACE (State or f Maryland	Oreign country)	12. CITIZ WHAT	EN OF COUNTRY?
	ATHER'S NA				14. MOTHER'S MAIDEN N	AME		
15. W	AS DECEASED Dr unknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Mary Diggs 17. INFORMANT Mrs. Eva M. Ju	ump 112	ADDRESS Enfield	Rd.
RTIFICATION	DISEASES RISE TO TH	OR CONDITIONS, 1 E ABOVE CAUSE (A) NG CONDITION LA	F ANY, GIVIN	(B)	Browshites a	sss cri	-6 Serent	ms
CERT	TRIBUTING	GNIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D	Bi	onels-ap	oam,	
19				FINDINGS OF OPER	ATION		20. / YES	NO P
D H	MICIDE	IT, SUICIDE,		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore Ci	ty, give exact	location)
21	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 5/1/50, 19, to 5/14, 590, that I last saw the deceased alive on 1950, and that death occurred at 2/04m., from the causes and on the date stated above								
2	A SIGNATU	JRE J J	und	ey M.D. /	2. ADDRESS, Mode	saw Sh	3/15/	TE SIGNED
	BURIAL CE REMOVAL (Spo urial	248. DATE ecify) 5/16/50		Woodla wn		dlawn Md		(State)
	RECEIVED L REGISTR		- In	Mianus, M.B.	25 FUNERAL DIRECTOR	ur Y San	adores Ral	& Md.
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	Territory department		
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And the second s			

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	50	4417			EALTH DEPARTMENT	Registered N	141/
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF DECEAS	MA	RY	GUNTH	ER	2. DATE OF DEATH	15-50
A.	PLACE OF DEATH: Baltimore City, M				4. USUAL RESIDENCE (nstitution: residence before admission)
B. HO IN	FULL NAME OF OSPITAL OR STITUTION		or instituti	on, give street address or location)		If outside corporate limits,	write RURAL and give township)
_	Length of stay in	Raltimore	4	Yrs. Mos.		f rural, give location)	Blund.
=		OR OR RACE		Days MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years # 1	Inder 1 Year It Under 24 Heurs the Days Hours Min.
10 work	A. USUAL OCCUPAT dooeduring most of working	life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	. Ir	ther		14. MOTHER'S MAIDEN I		
15 (Yes	. WAS DECEASED EVER	IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
ERTIFICATION	(This does not me heart failure, astheinjury or complication of the last of the ABC UNDERLYING COTHER SIGNIFIT TRIBUTING TO THE	ING TO DEAT ean the mode of enia, etc. It mea cation which c CEDENT CAUS ONDITIONS, II VE CAUSE (A) CONDITION LA II ICANT CONDI IE DEATH, BUT	TIONS CONNOT RELATE	(B) DUE TO (C)	astase to	of train Todon peritoren de pelvis	ONSET AND DEATH
AL C	19A. DATE OF OPE			FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL							
2	Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from \$\frac{4-27}{4-27}, 1950 to \$\frac{5-15}{5}, 1950 that I last saw the deceased alive on \$\frac{5-15}{5}, 1950, and that death occurred at \$\frac{510}{5} Am., from the causes and on the date stated above							
					5-15-50		
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Stat Tion, Removal (Specify) Burial Stat Stat				or county) (State)			
	ATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S		Milliame, Al	JUM	nery Jars-	Pallo

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FUNERAL DIRECTOR

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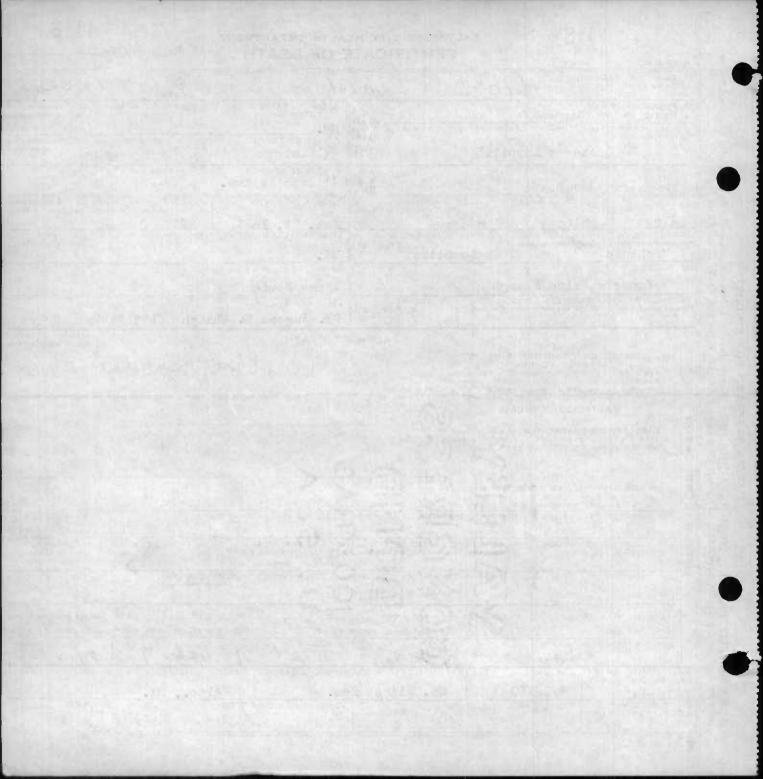
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	4418
Registered No.	

BIRTH NO.	1111 10/11	E OI BEATTI		
1. NAME OF DECEASED Herbert S	. Ebau	9hi de.	2. DATE OF DEATH	-14-50+2AMA
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE () A. STATE	Where deceased lived, In B. COUNTY	f institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR	ve street address or location)	8000		
INSTITUTION Doctor's Hospital	iocation)	c. CITY OR TOWN (I	l outside corporate limi	ts, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If	runal give leastion)	T II
c. Length of stay in Baltimore	Mos.	4119 White Ave.	rurai, give ionation)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR		8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours
male white widowed	VORCED (Specify)	Tom 30 3003	last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF B	USINESS OR	Jan. 18, 1881 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
work doneduring most of working life, even if retired) Mechanic Automobil	INDUSTRY	Md.		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1
McKendria Price Ebaugh		Agnes Houck		
	SECURITY NO.	17. INFORMANT		ADDRESS
no	LCORITY NO.	Mr. Eugene S. El	augh 6172 F	Parkway Drive
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CHIEVRAL BETWE ONSET AND DEATH (A) LIVELURAL HEMOVINGS A) LONG LON				
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II C OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT.				
19A, DATE OF OPERATION 19B, MAJOR FIND	INGS OF OPER	ATION	34-831 needs	20. AUTOPSY?
VES NO VE				
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY MHILE AT WORK AT WORK				
22. I hereby certify that Lattended the decea	sed from	5-4-, 1950, to	5-14,190	C, that I last saw the
deceased alive on 94716 Wand th	red at 5-14-5 m., from t	he causes and on t	he date stated above.	
23A. SIGNATURE LOUIS OF CRASS W 23B. ADDRESS NC LAND + 23C. DATE SIGNS				
24A. BURIAL, CREMA- 24B. DATE // 24C. N.	AME OF CEMETER		OCATION (City, town	
Burial 5/16/50 Mt	. Olivet C	em. Re	lto. Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR	ner & lon	ADDRESS BUILTO
MAY VS 350330 milys you regarder	•			(00)
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	50	4410

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF C	01 11 1	nl.			2. DATE OF	
3	. PLACE OF E	Phyllis And	1 Uliu	er	4. USUAL RESIDENCE	DEATH S	14150
A	. Baltimore	City, Maryland	Baltimo	ove Maryland	A. STATE	B. COUNTY	before admission
H	OSPITAL OR	Or (II not in Bospie	1 1.	location)		(If outside corporate lim	its, write RURAL and give
1 - 9	South B	altimore Gene	eral H	ospital	Bambrills	5	200 township
1	Longth of a	tav in Poltinson		Yrs. Mos.	PL	(If rural, give location)	
Carrie	. SEX	tay in Baltimore		Days E. MARRIED.		9. AGE (In years)	If Under 1 Year If Under 24 Hours
F	emale	White	Siria	VED, DIVORCED (Specify)	Dec. 10	last birthday)	fonths Days Hours Min.
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
11	3. FATHER'S I	ON 13	No	ONE	Kentucky		
	11 06				14. MOTHER'S MAIDEN	NAME -	
13	5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ers	ADDRESS
(x	o, no or unknown)	(If yee, give war or date	of service)	SECURITY NO.	JOHN DLIVE	/ /	BRILLS MD
E	18. 79	0,1.			OF DEATH		INTERVAL BETWEEN
-	DISEA	SE OR CONDITION LEADING TO DEA		2	+	1 1	ONSET AND BEAT
Е	(This does	s not mean the mode oure, asthenia, etc. It mea	f dying, e.	g., (A)	mum	nuce	mu
10	injury or	complication which o	aused death	1.) DUE TO	min //		
z	Maria .	ANTECEDENT CAUS	SES	(B)			
ERTIFICATION	RISE TO	S OR CONDITIONS, I	STATING TI	NG HE DUE TO			
OA	UNDERL	YING CONDITION LA	ST.				
E		11		(C)			
ER	TRIBUTIN	SIGNIFICANT COND!	NOT RELATE	ED			
U		F OPERATION 1		FINDINGS OF OPER	RATION	***************************************	20. AUTOPSY?
SAI	01: 400:0						YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i. ferm,fectory,etreet,office bldg.,e		(If in Baltlmore City,	give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
1	OF INJURY		m.	WHILE AT NOT WHILE			
Đ.	22. I hereb	v certify that I att		deceased from 514	150 , 19 , to	5 14 50 19	_, that I last saw the
6	deceased a	live on 51450	, 19	and that death occur	rred at 3:30 Pm., from		the date stated above
	234 SIGNA	11 -10 >		1	38. ADDRESS	+	SISISO
2.	4A. BURIAL	CREMA: 24B. DATE		M. D. \ 24c. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, tow)	,
14	BURIAL	MAYIN	1950	CAURCH OF	(70D) (TAMBRILL.	\$
DL	ATE RECEIVE	D. D.V. I. DEGLETEN DU		IRE	25. JUNERAL DIRECTO		ADDRESS
-	MAY 6	330		Win - d	Tromas lo Su	explican Te	en Burne
	VS 150	Thur	The Form	Ibliand, M.		1	Jana mil
	The Uta	L. Landin	The same	BEAUTY CHEST CHEST CONT.		0	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR efully ; location C. CITY OR TOWN INSTITUTION legibly Yrs. ADDRESS O STREET Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) and 5 SEX 8. DATE OF BIRTH should clearly IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s Momestia 13. FATHER'S NAME NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO causes of item CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. TIOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. O.A. ī (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE OEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. Ü 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, EDI about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? LY. 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK PL 30 19.50 to_ 22. I hereby certify that I attended the deceased from. WRITE deceased alive on 19.5 Q and that death occurred at_ 23B. ADDRESS 23A. SIGNATURE 12 age 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B DATE 24c. NAME OF PLEA correct Wilne.

FUNERAL

DIRECTOR

Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) II Under I Year AGE (in years) last bisthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO 4 (If in Baltimore City, give exact location) 1950 that I last saw the Am.. from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

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DATE RECEIVED BY

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No

CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) A. STA B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Durnip D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 44 information shou of death clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? N OUS CLIN HOME 13. FATHER'S NAME HRISTENSEN ARL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO Reed 24-76 451 USband 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 11 RT OTHER SIGNIFICANT CONDITIONS CONpheumania TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION VLY, WITH important. DICAL 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK 39.00, to 1950 that I last saw the 22. I hereby certify that I attended the deceased from 1950 and that death occurred at_ m., from the eauses and on the date stated above. deceased alive on_ 23в. 23c. DATE SIGNED arener 24A. BUR AL. CREMA-24B. DATE 24c. NAME OF CEMETERY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) DURNIE, MD DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR REGIE VS 150 一一地名美国内斯州州中国

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BALTIMORE CITY HEALTH DEPARTMENT

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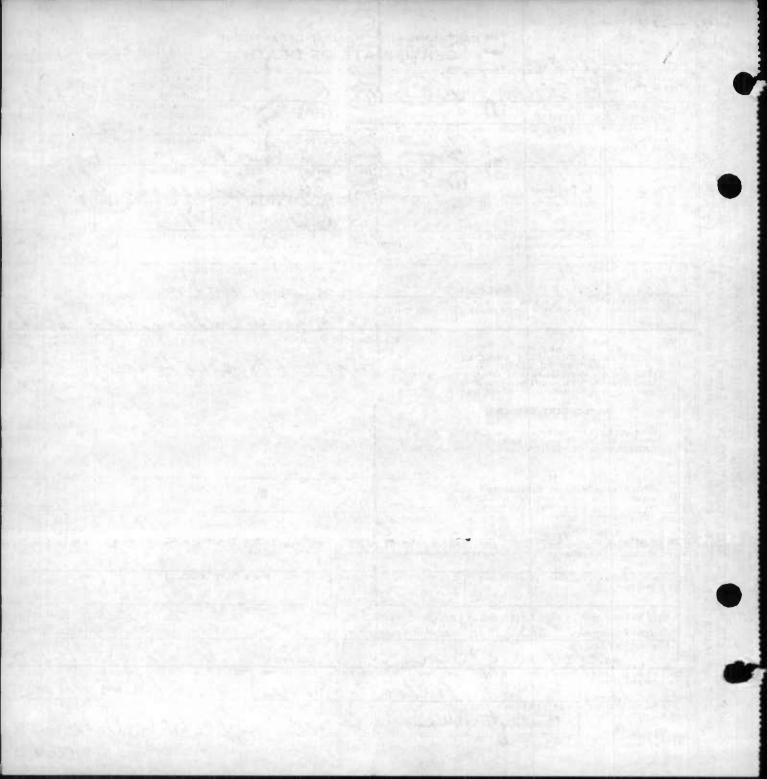
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Stephen Lee Collier	DEATH May 14, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
3) Topray Hoopstal	Hattimore 10-00
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	604 Grantley M
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH 9. AGE (La years II Under I Year It Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done thering most of working life, even if retired) lea Foot Browness	md WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Les Callies	Catherine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT / / ADDRESS
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	mon Hankente Kingsom 604 /2 with Sh
18. 1 = 3 V CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	neumonia - Pulmonay Elema 2 days
heart failure, asthenia, etc. It means the disease,	P
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ant fail
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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E 11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
1 May 3, 1950 Carainomed	any bound a solo trucker YES NON
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i ebout home, farm, fectory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
OF INJURY MHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from Ap	ril 23, 1950, to May 14, 1950, that I last saw the
deccased alive on May 13, 1950, and that death occur	rred at 6 35 m., from the causes and on the datc stated above.
	236, ADDRESS 23C. DATE SIGNED
Clifford V. Fithelf H. M.O.	Meny Hospital 3/14/50
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240 LOCATION (City, town or county)
Durial 3/11/50 Western	Edmondson au. + Longwood st
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 10 1950 Huntington Miliane, M.	Harry H. Clipte, 41016 animber
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AR 120	46E Cleu

BALTIMORE	CITY	HEALTH	DEPARTMENT
			DEATH

4423 Registered No

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ВІ	RTH NO.48	-19356		CERTIFICAT	E OF DEATH		
1.	NAME OF DI type or Print)		= 6.	KNELLING	ER	2. DATE OF DEATH	-13-50.
3.	PLACE OF DI	EATH: lity, Maryland			4. USUAL RESIDENCE	E (Where deceased lived B. COUNTY	If institution; residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	170	K	BOLK.
	SPITAL OR	11.		// location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
3	V	Unever	rly 1	DEST	Da	CY. 15-	00
1	0		11	Yrs. Mos.	O. STREET ADDRESS	of roral, give location)	11
-		tay in Baltimore	. /	Days	36 S.X	chroeder	I DA.
5.	SEX	6. COLOR OR RACE	7. SINGL	E MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
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worl	done during most o	CUPATION (Give kind of f working life, even if retired)	10B, KINE	O OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (State MD,	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME 1	7 .		14 MOTHER'S MAIDE	EN NAME	
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15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME! (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	717. INFORMANT	.1 .1	ADDRESS 0 4
(10	m			SECORITI NO.	Mrs. Charles	Enellingen	36 S. Schroeler
	18. 20	41		CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	1	2		
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	heart failu	re, asthenia, etc. It mes	ns the diseas	se,			com
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z		ANTECEDENT CAUS	SES	(B)			
0	DISEASES	OR CONDITIONS, I	F ANY, GIVI	NG			
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RT	OTHER S	II SIGNIFICANT COND	ITIONS CO	***			
Ш	TRIBUTING	TO THE OEATH, BUT	NOT RELAT	FO			
O		F OPERATION 1		FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	-	sone !					YES NO
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	00 7 1 1		m.	WORK AT WORK	- 1 - 5 0 1950 t	0 5-13 15	3 Chat I last saw the
		y certify that I att				,	the date stated above.
	deceased al		, 19_5_,		23B. ADDRESS	om the causes and of	23c. DATE SIGNED
	4	what K	.0	sella M.O.	Univ.	H895.	5/13/58
7	AA. BURIAL.	REMA- 248. DATE	17/1	24C NAME OF CEMET	ZRY OR CREMATORY 2	40. LOCATION (City)to	wn, or county) / (State)
1/4	dh, REMOVAL (S	5/16/	50	Toudon CK.	3801 Freder	ich ICL. Ba	blo. mel
	ATE RECEIVE		S SIGNAT	URE .	26. FUNERAL DIRECT	тов	ADDRESS
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11.	VS 150	Salatani	· entraining	It is the beautiful to be	(/	7	ita ause.



c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during montal working life, even if retired)

13. FATHER'S NAME

6. COLOR OR RACE

5. SEX

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MARGIN RESERVED FOR DINDING	WRITE PL ALY, WITH UNFADING INK. Every item of information should be refully supplied. The	e is especially important. Physicians: please write the causes of death clearly and legibly
	WITH,	ortant.
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	TE PL	especially
	WRI	e is

50 4424 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) HOPPER WILLIAM F 3. PLACE OF DEATH: 4. USUAL RESIDENCE A. Baltimore City, Maryland A STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION MARYLAND GENERAL HOSP.

7. SINGLE, MARRIED

MARRIED

	2. DATE OF DEATH	5/15/50	A
W	B. COU	lived. If institution: residen NTY before admi	

c. CITY OR TOWN	(If outside corporate limits, write RURAL and g
0. STREET ADDRESS	(If rural, give location)
B. DATE OF BIRTH	9. AGE (in years If Under I Year If Under 24 Ho

Mos. Days WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours: Min. 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no.or.unknown) (If yes, give war of dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL CAUSE OF DEATH

18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OF BLADDER CARCINOMA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUF TO ANTECEDENT CAUSES ERTIFICATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-

Yrs.

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

DICAL LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK

1950 to , 19 5 Chat I last saw the 22. I hereby certify that I attended the deceased from 5 / 6 Am., from the causes and on the date stated above, deceased alive on. 19.50 and that death occurred at 10 23A. SIGNATURE 23B. ADDRESS

23c. DATE SIGNED

24B. DATE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF GREMATOR TION REMOVAL (Specify) Surral

DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR ADDRESS LOCAL REGISTRAR tuitiestor/

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

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INSTITUTION 5300

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1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or

A. STATE

DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY If outside corporate limits, write RURAL and give

2. DATE

OF

C. CITY OR TOWN

location)

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 5. SEX

6. COLOR OR RACE 10A. USUAL OCCUPATION (GivekInd of)

work done during most of working life, even if retired)

7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Marriso KIND OF BUSINESS OR

8. DATE OF BIRTH 11. BIRTHPLACE (State of foreign country)

. AGE (in years If Under I Year II Under 24 Hours last birthday) Months: Days Hours Min. 12. CITIZEN OF

WHAT COUNTRY?

LAK 13. FATHER'S NAME

18.

RTIFICATION

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UNFADING Physicians:

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15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO 14. MOTHER'S MAIDEN NAME

(Yes, no or unkoowo)

DUE TO

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B. 0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

20. AUTOPSY

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER

218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Turne

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Zutan Clave

NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Prank

, 1939 to May 12, 19 Ja that I last saw the

deceased alive on 5 23A. SIGNATURE

. 19 50, and that death occurred at 11 30 Am., from the causes and on the date stated above. 23B. ADDRESS

2320

23c. DATE SIGNED

24A. BURIAL. CREMA-TION REMOVAL (Specify)

248/DATE

M. D. 24 NAME OF CEMETERY OF GREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY MAY 161

REGISTRAR'S SIGNATU

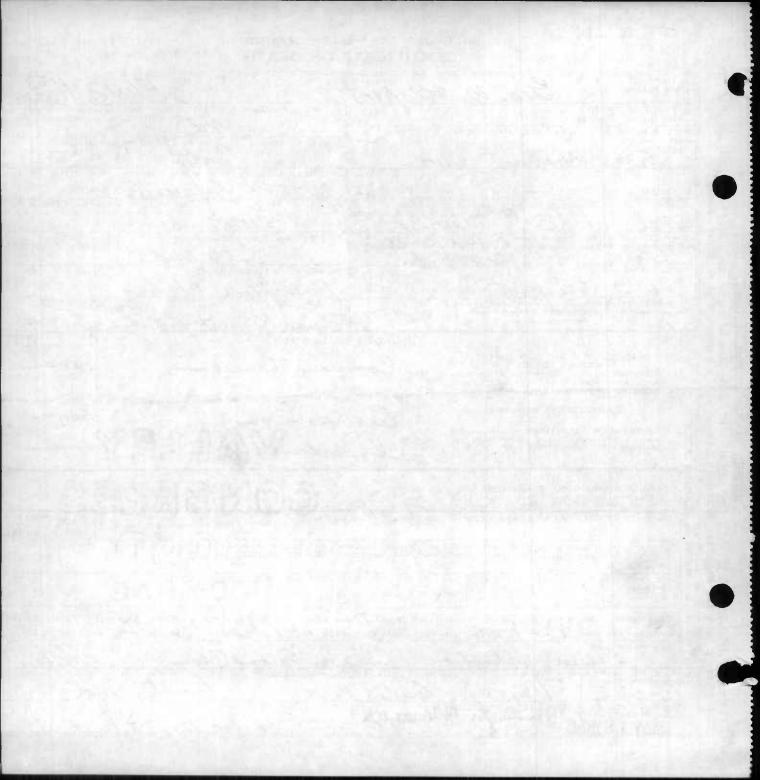
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25. FUNERAL DIRECTOR

ADDRESS

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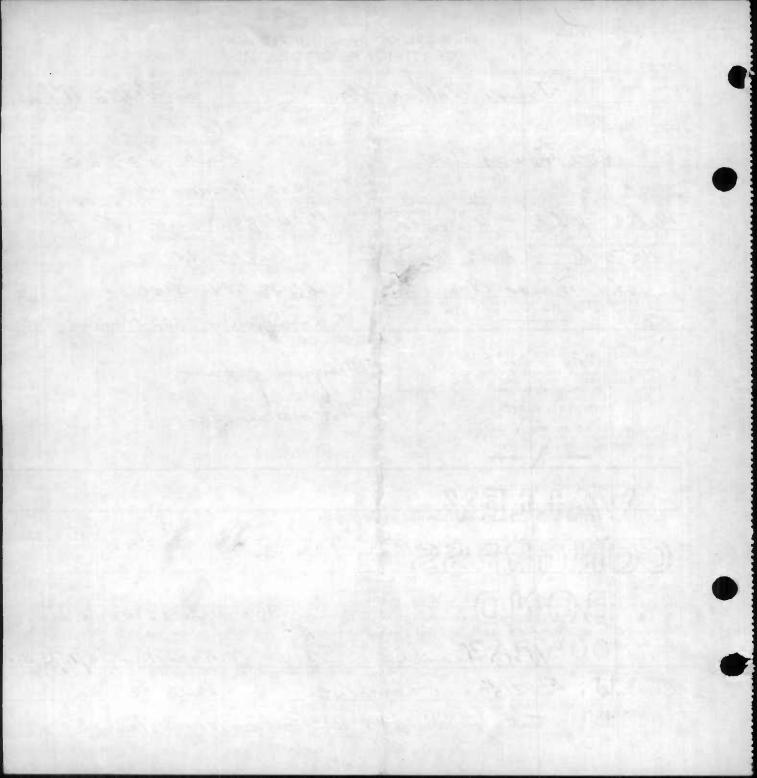


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E. PLACE OF DECEASED (Type or Print) S. PLACE OF DEATH. S. PLACE OF DEATH. Baltimore City, Maryland E. FULL NAME OF (If not in hopital or institution, give street address or Maryland) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give street address or Joseph County) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution, give location) E. FULL NAME OF (If not in hopital or institution or institution or institution or institution or institution or institutio	BI	RTH NO. CERTIFICATI		2.120
3. PLACE OF DEATH: Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITITION B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITITION B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITITION B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITION B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITION B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITION B. FULL NAME OF (If not in hospital or institution, give street address or lecation) NOTITION B. FULL NAME OF CITY OR YOWN It states the street of the street of the street of lecation or l	1. (T	NAME OF DECEASED T O +//	2. DATE 0.	- 1110
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Comparing Comp	A.	Baltimore City, Maryland		
C. Length of stay in Baltimore S. SEX G. COLOR OR RACE J. SHAGEL, MARKHED. N. SHAGEL White Whit	HC	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits	write RURAL and
C. Length of stay in Baltimore 5. SEX 6. COLOR ON RACE 7. SHORES MARKED 10. USUAL OCCUPATION (Divisitated of Market Part Part Part Part Part Part Part Par	IN	STITUTION /802 Thousan are	Bulta 15	
C. Length of stay in Baltimore S. SEX 10. CUCJOR OR RACE Which Which		Yrs.	D. STREET ADDRESS (If rural, give location)	
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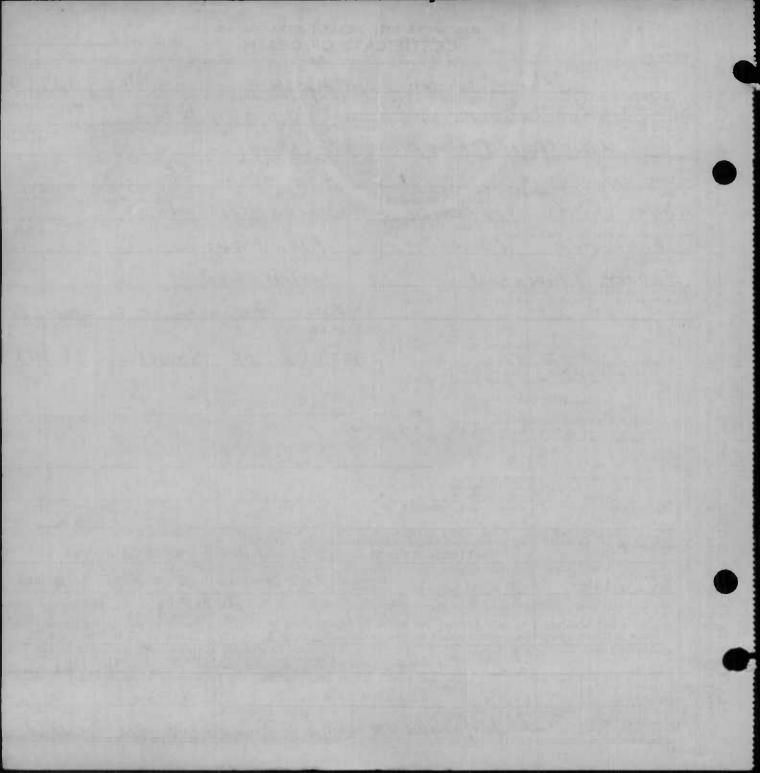
BALTIMORE CITY HEALTH DEPARTMENT

50	Admin
Registered No	4427

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1				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of stay	in Baltimore	LIFE	Mos. Days	415 M	AUDE AU	
		COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year It Under 24 Hours
	M	W	6 .	VED, DIVORCED (Specify)	AUG 8. 1896	last birthday)	Months Days Hours Min.
10/	A. USUAL OCCUP	PATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
work	dooe during most of wor	rking life, even if retired)	F. 0 = 0	INDUSTRY		ta 4/	WHAT COUNTRY?
12	FATHER'S NAM		MIRE.LE	PT. JALTO, CITY	TRIARYLA	400	
13.	A	p' n.			14. MOTHER'S MAIDEN N		
_	CAMES	5 C. JA	SHIELL.	25	CARRIE IXA;	MC NEA	-
15. (Yes.	. WAS DECEASED E	VER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES	WW1		0200	MARGARET D. PO.	LK 415 /8	PAUDE AUE.
	18. 331	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISFASE	OR CONDITION	DIRECTIV				ONSET AND DEATH
	LE	ADING TO DEA	TH	MARCI	VE CEREBBAL	HEMORRIA	Acro
	heart failure, s	t mean the mode of asthenia, etc. It mea	ns the diseas	se,	The Art of	.K.C. 	Anda Innon
	injury or con	nplication which	caused death	.) DUE TO			
_	AN	TECEDENT CAUS	SES	ECCE	NTIAL HYPER	TENSIAN	
0	DISEASES OF	R CONDITIONS, I	F ANY GIVE			15/13/0//	
E	RISE TO THE	ABOVE CAUSE (A)	STATING TH				
Ü	ONDEREIM	G CONDITION E	131.				
ERTIFICATION		п		(C)		*************************************	
F.		IFICANT COND					
빙		THE DEATH, BUT					
	19A. DATE OF O			FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		0					YES NO
EDIC	21A. ACCIDENT.	SUICIDE, Specify)		ACE OF INJURY (e. g., i		If in Baltimore City	give exact location)
Ш	HOMICIDE (L	specity)	about nome,	arm, incory, street, once bidg.,	INSORT OCCORT		
Σ.		nth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
76	OF INJURY			WHILE AT NOT WHILE			
1			m. j	WORK L AT WORK	C/15	5/15	cn
				account j	, 19 , to	, 19	that I last saw the
			_, 19,		rred at 5? SSFm., from t	he causes and on	
	23A. SIGNATUR	-10/1/	La	Ash 1	38. ADDRESS	1 strong	23c, DATE SIGNED
24	A. BURIAL, CREM	Michigan Co. IV	70000	M. D. 24C. NAME OF CEMETE	TRY OF CREMATORY 340 L	OCATION (City, tow	n, or county) (State)
TIO	N REMOVAL (Speci	fy) 5/19/		n 11	INTOR CREMATORT 245. E	7	
	BURIAL	////-	00 8	W. CEDAR HIL	-2 /1	ITCHIE HIG	
LO	TE RECEIVED S	REGISTRAR	SSTENATL	Belleville, Mise	25. FUNERAL DIRECTOR		ADDRESS
1	III/I			1 N W P	JOHN F. LEN	VYILING. 715	464757-30
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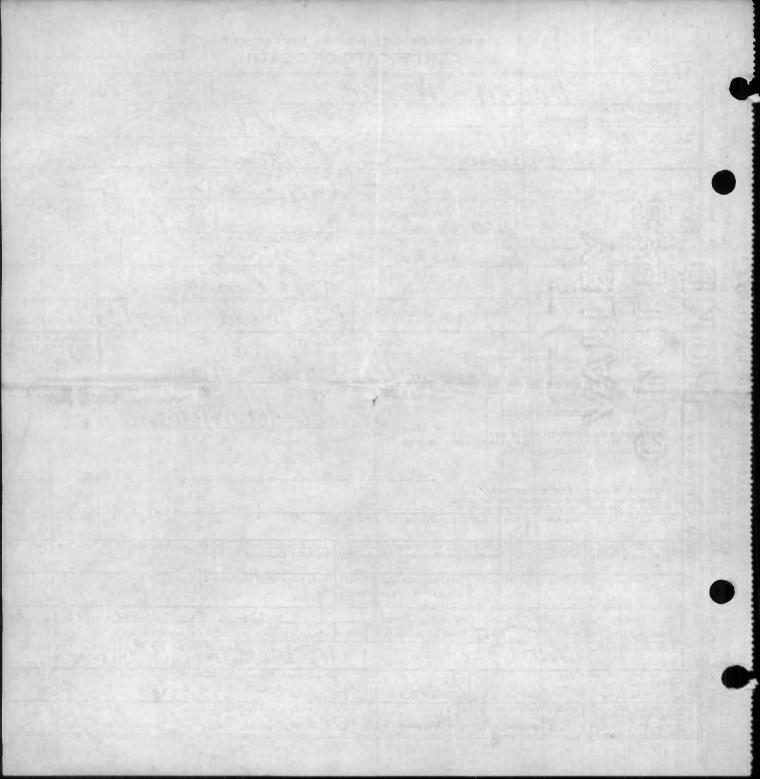
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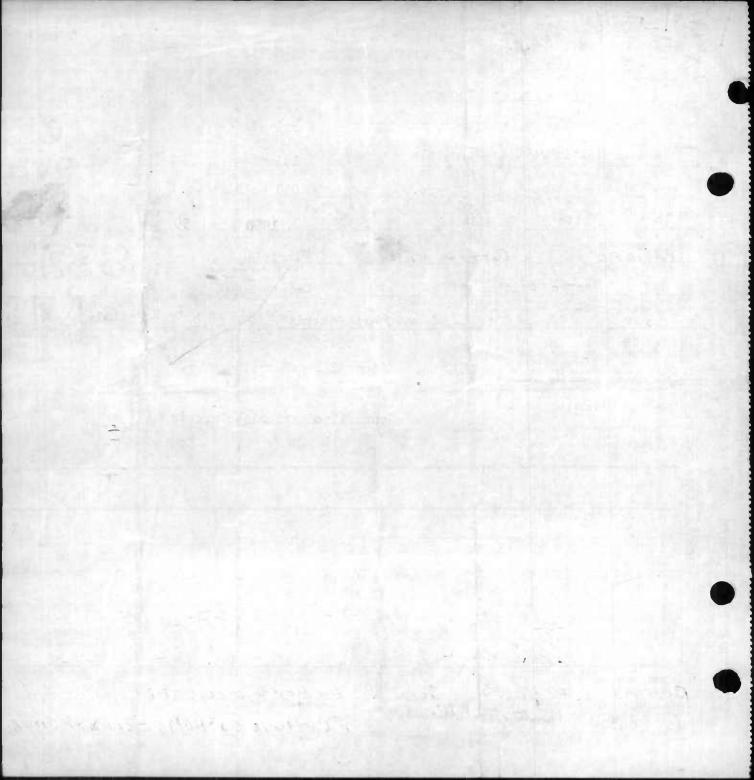


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1	300						May 17 30
11	50	4429					50 4429
		1120			EALTH DEPARTMENT E OF DEATH	Registere	d No
	IRTH NO.			4.7			
	NAME OF D Type or Print)	ECEASED HBR	AM Y	1001	7	2. DATE OF DEATH	-15-50
Α.		City, Maryland			4. USUAL RESIDENCE	Where deceased lived B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution, give	street address or location)		If outside corporate li	mits, write RURAL and give
	STITUTION	477 Ga	llow (we	Haltinu	ove !	3-01 township)
0	Length of s	tay in Baltimore	4	40 Yrs.	2477 Cal	f rural, give location)	Ceve
	. SEX	6. COLOR OR RACE	7. SINGLE, MARE	HED.	B. DATE OF BIRTH	9. AGE (in years last birthday)	ff Under 1 Year ff Under 24 Hours Months Days Hours Min.
11///	VILLE OC	While	MOUNTE FI. 10B. KIND OF BU	EINESS OF	11. BIRTHERACE (State or	foreign country)	12. CITIZEN OF
10 wor	Lolle duting most	working life, even if retired	Misslamoro	INDUSTRY	- lolar		WHAT COUNTRY?
	B. FATHER S N	IAME O	/	irug deze	14. MOTHER'S MAIDEN		
	not re	nown			7106 Rue	ococc	
(Ye	5. WAS DECEASE se, no or unknown)	D EVER IN U.S. ARME (If yes, give war or dat		CURITY NO.	17 INFORMANT	2.477	Callow lux
-	10 1/	. /	1	CALISE	OF DEATH	()	INTERVAL BETWEEN
2	18. 42	SE OR CONDITION	DIRECTLY	CAUSE	-1	/	ONSET ANO OEATH
		LEADING TO DEA	ATH	(A) CMI	nary Thromat	iohis	
write the causes	heart failu	re, asthenia, etc. It mo complication which	ans the disease, caused dcath.) OL	E TO	+		
	Part In	ANTECEDENT CAU	SES	0.	erul Arten	ace lineia	
CERTIFICATION	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	(в) 9 и	674	o you is y pig	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ATIO	RISE TO T	THE ABOVE CAUSE (A		JE TO			
FIC		100		(C)			
RT	OTHER S	II SIGNIFICANT CONE					
CA	TO THE O	TO THE DEATH, BUT					
1	19A. DATE C	F OPERATION 0	19B. MAJOR FINDI	NGS OF OPER	RATION		20. AUTOPSY?
10	21A. ACCIDE	NT. SUICIDE.	21B. PLACE OF			(If in Baltimore Cit	y, give exact location)
ED	HOMICIDE	(Specify)	about home, farm, factor	ry, street, office bldg.,	etc.) INJURY OCCUR?		
MEDICAL	21D. TIME	Month) (Day) (Year	(Hour) 21E. IN.	JURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?	
	OF INSORT		m. WHILE AT	NOT WHILE			
	22. I hereb	y certify that I at	tended the deceas	ed from	19, 43 , to	Mey 15,19	f, that I last saw the
	deceased a	ive on May 13	19.50. and the	at death occu	rred at/O=17m., from	the couses and or	the date stated above.
prodes er se	23A. SIGNA	HIPTUT	H. BLX	м. о.	2516 LinJin	MMM17 M	1. 23c. DATE SIGNED
2	4A/ BURIAL, (S	CREMA- 24B. DATE			RY OR CREMATORY 240.	LOCATION (City, to	
	ON REMOVAL (S	V-16	Vo Um	ted o	Hebrew	Hatto	Ma
101	ATE RECEIVE	DAD .	'S SIGNATURE	44	28. FUNERAL DIRECTOR		ADDRESS PC
	MAY 161	3501		MILL INST	MCK sewes OF	le 2/00	Oulow IX
	VS 150	To the way	or dutte to	AMARIAN STA	51.65	1	940





4431

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4431

BIRTH NO.	L OI DEATH
I. NAME OF DECEASED	2. DATE OF
(Type or Print) WILLIAM MONSTE	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
Mercy Hospital	Baltimore 4-0
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	30" 01 433
5. SEX 0. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH Neaps 10 AGE THE STEE I Under I Year If Under 24 Hours
M W Single	3-11-01 43
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF USINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign courtry) 12. CITIZEN OF WHAT COUNTRY?
Handyman at large	New York U.S.
13. FATHER'S JAME	14. MOTHER'S MAIDEN MAME
Teonard	margaretto Nachalen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Maxagest Mars Tohorn M. 4.
rimmaun	Interval Boween
18. 002 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) Chronic	ulcerative pulmonary tuberculosis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CALICES	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
A D	
OTHER SIGNIFICANT CONDITIONS CON-	A TOWN COMPANY OF THE PARK TO SEE THE PARK TO
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO X
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH.	
U	21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. work AT WORK	Inspection & Ing.
22. I certify that I took charge of the remains described	Autopsy, Inspection or Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above, is ∑, accident □, suicide □, homicide □, undetermined □.
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
Stanley J. Durlocker M	A.D. ASSISTANT MEDICAL EXAMINER May 11, 1950
	ERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
Memoral 5-16-50 Letheram -1	estoria M.M.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 16 1950 Huntington Williams Ma	The Cook Inc 1217 St. Paul St.

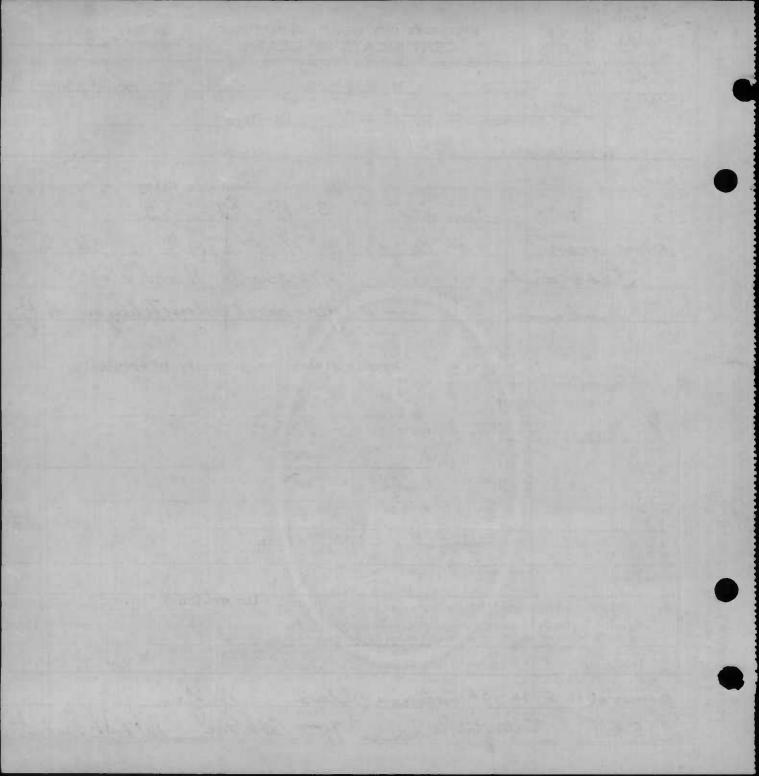
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BALTIMORE CITY HEALTH DEPARTMENT

50 4432

BIRTH NO	D.		CERTIFICATI	E OF DEATH	Registered	No.
	OF DECEASED				2. DATE OF	
(Type or I	CO	LUMBUS	C. BARNSLEY			ay 15. 1950
A. Baltim	of DEATH: nore City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL N		al or institut	ion, give street address or location)		76 4-13 4 1/	
INSTITUT	ION				if outside corporate in	nits, write RURAL and give township)
00	3600 Evers	ley Av		Baltimore / 6 - 0 =		
c. Length	n of stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS () 3600 Eversley A	If rural, give location)	
5. SEX	6. COLOR DR RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year It Under 24 Hours
male	white		/ED, DIVORCED (Specify)	Mar 19. 1877	73	Months Days Hours Min.
	AL OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		1 12. CITIZEN OF
	ng most of working life, even if retired)	01 -	INDUSTRY			WHAT COUNTRY
	ary engineer	010	thing Mfgr.	Md. 14. MOTHER'S MAIDEN		1
				14. MOTHER'S MAIDEN	NAME	
	ous G. Barnsley			Christana Boyer		
15. WAS DI	ECEASED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-			020011111101	Mrs. Dallas Tho	mpson 360	O Eversley Ave.
18.	112 V		CALISE	OF DEATH		INTERVAL BETWEEN
	/ b / \ 1	DIDECTIV	CAUSE	OI DEATH	2	DNSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA is does not mean the mode of	TH	Bet	represente Co	winne	2
(Th	is does not mean the mode ort failure, asthenia, etc. It mea	of dying, e. ins the diseas	g., (A) 6			~
	ary or complication which		n.) DUE TD	0		
Z	ANTECEDENT CAUS	SES	(a) le en	ibral met	aslace	
RISI	BEASES OR CONDITIONS, I E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	STATING T	NG HE DUE TD			
0						
<u>-</u>	11		(C)		• *************************************	
	HER SIGNIFICANT CONDI	NDT RELAT	ED /en	ility		
	ATE OF OPERATION 1			ATION		20. AUTOPSY?
7	ATE OF OFERATION	DB. MINDON	TINDINGS OF OFER			VES NO
0 310 0	CCIDENT, SUICIDE,	218 PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)
HOMIC		shout home,	farm, factory, street, office bldg., o	otc.) INJURY OCCUR?		, give chart rotation,
	IME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
OF IN.	JURY	m.	WHILE AT NOT WHILE			
22. 1	hereby certify that I att	ended the	deceased from	use , 1949, to	may 14, 19	50 that I last saw the
decen	sed alive on may	4 19 50				
	GIGNATURE //)	, 20-2		3B. ADDRESS	1/11	23c. DATE SIGNED
	Derne Kan	gulu	M. D. 4	4508 Edwardson	· Village	5/15/50
24A. BUR	RIAL, CREMA- 24B. DATE		24C. NAME OF CEMETE	RY DR CREMATORY 24D.	LOCATION City, tox	
TION, REMO	oval (Specify) 5/17/50		Loudon Donla	3, 1	Do 14 . 3/1	
	CEIVED BY REGISTRAR		Loudon Park	25. FUNERAL DIRECTOR	Balto. Md.	ADDRESS_/
	EGISTRAR REGISTRAR	SSIGNALL	lu a'	DA JIMA	me & lyn	Salto
MAY 1	b 1950 1		Villians, M. E.	Ilm. J. con	1 4000	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED WM. G. VOLLMER 2. DATE (Type or Print) OF efully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF 70×V/ HOSPITAL OR Mary land location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give en. nar (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Castle Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | If Under | Year last birthday) Months: Days Hours: Min. lec 9 190 IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of morking life, even if retired) ANDUSTRY WHAT COUNTRY? information s of death cle het 4.3.9 ermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, oo or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unknowo) INTERVAL BETWEEN 18. CAUSE OF DEATH y item the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) . Ī. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ILY, WITH important. NO 21B. PLACE OF INJURY (e. g., io or 2Ic. WHERE DID (If in Baltimore City, give exact location) EDIC 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 1950 to , 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 5 19.50, and that death occurred at 5.40 p.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 9 24C. NAME OF CEMETERY OR CREMATORY 244 BURIAL, CREMA- 24B. DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and leg-

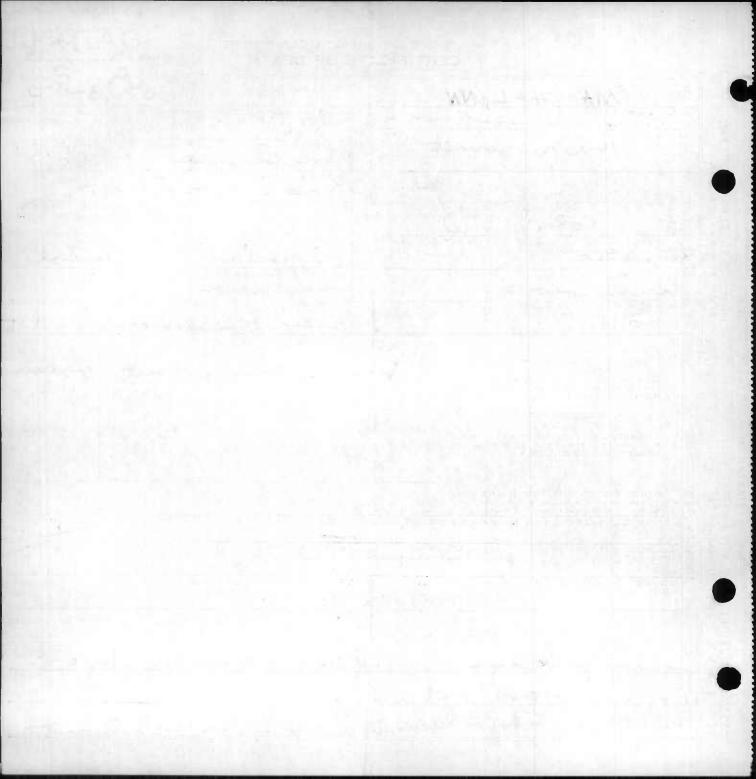
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Regi	stered	N	No			
DATE	4		/.3	_ (5-6)

1.	NAME OF DECEASED Sype or Print) MARTHA LYNN		2. DATE OF DEATH	3-50		
Α.	PLACE OF DEATH: Baltimore City, Maryland Balti	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission				
	ospital or 14/6n mount location)		outside corporate limits, v	vrite RURAL and give		
c.	Length of stay in Baltimore 60 yes. Mos. Days	D. STREET ADDRESS (If r	ural, give location	R		
5	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years If Und last birthday) Month	er l Year Il Under 24 Hours Is Days Hours Min.		
10	DA. USUAL OCCUPATION (Give kind of done during most of conting life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?		
13	E FATHER SNAME	14. MOTHERS MAIDEN NA	ME			
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Reed See	881416n.	ress		
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH	Heart	ONSET AND DEATH		
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL	19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER		YES NO			
IEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., etc.)		in Baltimore City, give	exact location)		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from deceased alive on 13, 1900, and that death occur 23A. SGNATURE	re causes and on the	that I last saw the date stated above.			
2 11	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)		
1	ATE RECEIVED BY REGISTBAR'S, SIGNATURE	Junal D. Colo	m 1303 Prest	DDRESS		
	VS 150	7.		930		



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~	50 4435 BALTIMOR	E CITY HEAL	TH DEPARTMENT	JU	4435
В		TIFICATE (OF DEATH	Registered No.	
1.	NAME OF DECEASED Catherine PLACE OF DEATH:	N. Say	usual residence (2. DATE OF DEATH May 12 Where deceased lived, If in	, 1950
A.	Baltimore City, Maryland	GAM- A.	STATE	B. COUNTY	before admission
H	FULL NAME OF (If not in hospital or institution, give special or institution or	treet ad iress or cation)	CITY OR THEN (I	f outside corporate limits,	write RUBAL and giv township
	1:0-			rural, give location)	
c.	Length of stay in Baltimore LIFE	Mos. Days	2928 · Elli	HI . 5T.	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIVE	OFCED (Specify)	Lec-6 - 1872	last birthday) Month	dei l Year If Under 24 Hours has Days Hours Min
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	INDUSTRY	Marylan	foreign country) 12	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14	. MOTHER'S MAIDEN N		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL		SLOan.	
(Ye	n, no or unknown) (If yes, give war or dates of service) SE	CURITY NO.	. INFORMANT	aunders. 1921	RESS H.ST.
	18. 420.0 ·	CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEAT
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Due	Cerebr	ral hemorrhage		2 hours
	ANTECEDENT CAUSES	A Z I vo to			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	AFtarlosc	elerotic heart	disease	. ?
ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE	то Ess ential	. circulatory h	vnertension	2
0		.)		0.14.44.44.11	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
O	194. DATE OF OPERATION 198, MAJOR FINDIN	GS OF OPERATI	ON		20. AUTOPSY?
AL					YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factors CAUSE OF DEATH	NJURY (e. g., in or ,etreet,office bldg.,etc.)	21c. WHERE DID (INJURY OCCUR?	If in Baltimore City, give	e exact location)
4	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJ OF INJURY WHILE AT WORK	NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attended the decease	d from May 12			
	deccased alive on May 12, , 19 50, and tha				
	23A. SIGNATURE B. Bronushas, M. D.	KI	ADDRESS	57 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23c. DATE SIGNED
2	A. BURIAL. CREMA 214 BAGETICET, U.S. P.		B7 O'Donnell St	OCATION (City, town or	5-15-50 (State
TIC	Burial May . 17. 1950 - Sac	red Hear	I com. the	were Road	Batto - The
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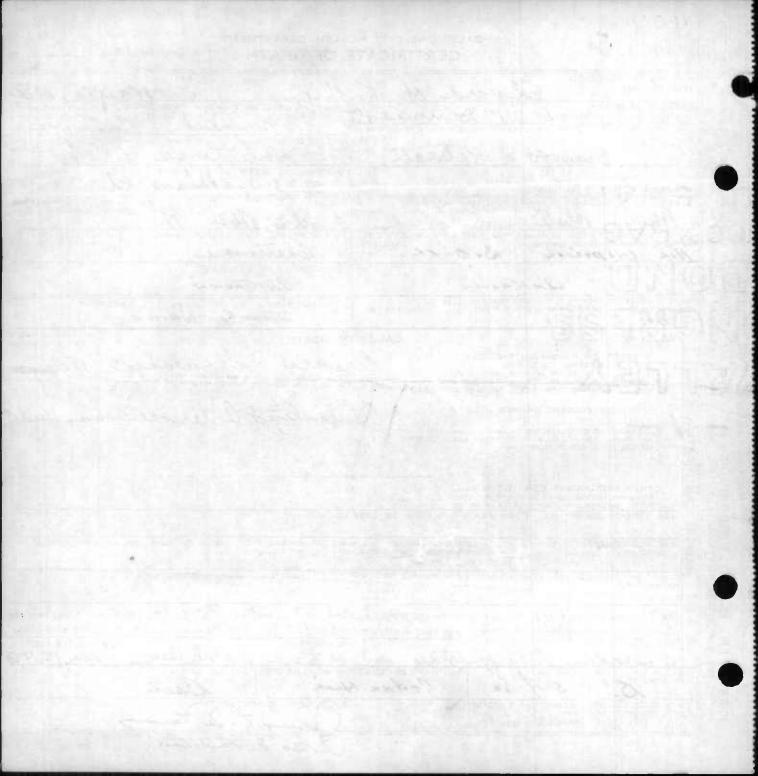
25. FUNERAL DIRECTOR



C-	1	63						0 4400
J. J. S	B	4436		ВА	CERTIFICAT	E OF DEATH	Registered N	0 4436
	1. NAME OF DECEASED (Type or Print) CLABA SHEWBBIDGE 2. DATE OF DEATH 5 / 18							
supplied.	A.	Baltimore (EATH: City, Maryland 🔏	BALTIMO	BE MD.	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)
efully su	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION						outside corporate limits	write RURAL and give township)
e efu	7	SOUTH	BALTIMO	BE GE	NEBAL HOSP Yrs.	O. STREET ADDRESS (If	rural, give location)	1-04
		Length of s	tay in Baltimore		Mos. Days E. MARRIED.	36 15 FOUR	74 ST 9. AGE (In years)	Inder 1 Year It Under 24 Hours
ould b		EMALE	WHITE CUPATION (Give kind	WID		8/16/1876 11. BIRTHPLACE (State or fo	last birthday) Mon	ths Days Hours Min.
on sh clear	worl	done during most of	of working life, even if retire	d)	O OF BUSINESS OR INDUSTRY	MARYLAND	reign country)	12. CITIZEN OF WHAT COUNTRY?
NDING information should s of death clearly as	13. FATHER'S NAME					14. MOTHER'S MAIDEN NA	*** *	
BINDING of inform uses of dec	15 (Ye	. WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANY Have		DRESS
		Aires.	3.0		CAUSE	OF DEATH		INTERVAL BETWEEN
the H		(This does	LEADING TO DE not mean the mode	ATH of dying, e.	E. (A) ABTE!	310SCLEBOTIC	HEAGT	
RESERVED I INK. Every please write tl		injury or	re, asthenia, etc. It m complication which	caused death	ee, n.) DUE TO		DISEASE	
RESEI INK. please	TION		ANTECEDENT CAL	IF ANY, GIVI	NG	TUBE NECK	FEMUR	4/25/1950
75	CA	UNDERLY	HE ABOVE CAUSE (A ING CONDITION	A) STATING T LAST.	HE OUE TO	CERTIFICATION Dr. Wm. G.	APPROVED BY	
MARGIN NFADINO	RTIFI	OTHER 6	II		_(C)	RSE.	la.	
M. UNI Phys	CEF	TO THE O	IGNIFICANT CON TO THE GEATH, BU ISEASE OR CONDITION	NOT RELAT	ED T	CHIEF OR ASSI. M	M. D. LEDICAL EXAMINER.	
H	SAL	ACT E			FINDINGS OF OPER			YES NO
LY, WITH	MEDIC	HOMICIDE accid		shout home,	ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e NOME	21c, WHERE DID (Inte.) INJURY OCCUR? 3615 Fourth S	in Baltimore City, gi	ve exact location)
Pá:		OF INJURY	Month) (Day) (Yearil 25, 1950		21E. INJURY OCCURRING WHILE AT WORK AT WORK	Slipped and for	-1	oor
WRITE PL.		22. I hereb	y certify that I a	ttended the	deceased from 4	125 , 1950 to	5/15 , 195 9	that I last saw the
R. is		23A. SIGNAT		70 /	and that death occur	3B. ADDRESS	e causes and on the	date stated above.
20 00	24 TIC	IA. BURIAL, CON, REMOVAL (S	REMA 24B. DATE pecify)	///	M. O. 24C. NAME OF CEMETE		CATION (Gey, town, o	5 //5 //95 o r county) (State)
PLEA correct	D	ATE RECEIVE	3 - 18	- Jo		25 FUNERAL DIRECTOR	len BURN	ADDRESS
PL	LC	MAY 161	350 Turking	. A. M. 1.	iama, Me	aprio Llute	are,	
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0	4437	BALTIMORE CIT	Y HE	ALIH DEPARTMENT			
	TTTC3 €	CERTIFIC	CATE	E OF DEATH Registered No.			
1.	NAME OF DECEASED	lward M.	Ho	elly OF May 12, 1450			
Α.	Baltimore City, Maryland	2117 Dennis	0151	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
H	FULL NAME OF (If not in hospi	atal or institution, give street add	dress or ecation)	c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
C.	Length of stay in Baltimore		Yrs. Mos. Days	5633 ashbourue Rd.			
5.	Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min.			
wor	A. USUAL OCCUPATION (Givekindo k done dyring most of working life everif retired PIC INSPECIOL	1 10B. KIND OF BUSINESS	OR USTRY	Baltimare 12. CITIZEN OF WHAT COUNTRY			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
		Chown		UNKnowN			
(Ye	5. WAS DECEASED EVER IN U. S. ARME (If yee, give war or dat	ED FORCES? 16. SOCIAL SECURITY	NO.	17. INFORMANT JAMILY - JAME ADDRESS			
CATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Cerebral Thrombours (A) (B) Jeneralized Arterioselesses Under the Due to Complete the properties of the Above Cause (A) STATING THE UNDERLYING CONDITION LAST.						
RTIF	11	(C)					
CER	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELATED	•••••				
AL	19A. DATE OF OPERATION	19B, MAJOR FINDINGS OF	OPERA	ATION 20. AUTOPSY?			
EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY about home, farm, factory, street, off		or 21c. WHERE DID (If in Baltimore City, give exact location)			
Σ	21D. TIME (Month) (Day) (Year OF INJURY	WHILE AT NO	T WHILE				
	22. I hereby certify that I at deceased alive on May		ap	red 27, 1950 to May 13, 1950, that I last saw the red at 9:30 km., from the causes and on the date stated above			
2	23A. SIGNATURE A. BURIAL, CREMA-1 24B. DATE	enclarity m	. D. 2	38. ADDRESS 30 33 W. North Gee Moc 15, 95 RY OR CREMATORY 240. LOCATION (City, town, or county) (State)			
TI	ON, REMOVAL (Specify)	To Ceda					
0 4	ATE RECEIVED BY REGISTRAR	S'S SIGNATURE		28 FUNERAL DIRECTOR ADDRESS			
	VS 150 :			(130 S. Fat Can. das			



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MARGIN RESERVED FOR BINDING	INK.	ct age is especially important. Physicians: please write the causes of death clearly and legibly.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARY ELIZABETH VALENTINE DEATHMAY 14, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 1501 N. Collington Avenue o. STREET ADDRESS (If rural, give location) Yrs. Mos 1501 N. Collington Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIPPOWED DIVORCED (Specify) Feb. 10, 1875 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Frank Mary Howe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 624 PICCADILLYADROES-4 16. SOCIAL (Yes, no or unknown) SECURITY NO. William F. Valentine none NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION DICAL 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! au 6, 1949, to May 1819,50 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on May 13, 1950, and that death ocurred at 940 Am., from the cause and on the date stated above. 23A. SIGNATUR 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DURIAL 24c, NAME OF CEMETERY OR Baltimore cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE HENRY SANDER & SONS. INC. ADDRESS LOCAL REGISTRAR BALTIMORE - 13, MARYLAND the to the other was

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	PLEASE WRITE PLATY, WITH UNFADING INK. Every item of informed age is especie, important. Physicians: please write the causes of	T

BALTIMORE	CITY	HEALTH	DEPARTMENT
CEDTI	FICA	TE OF	DEATH

B	B-13792 BALTIMORE CITY HE CERTIFICATI		4439			
1. (T	NAME OF DECEASED Spe or Print) Baby Girl Figgs	2. DATE OF DEATH 5-10-	1050			
B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.	A. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY Maryland	titution : residence before admission			
	Length of stay in Baltimore Life Yrs. Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location) 2123 Pulaski St. 8. DATE OF BIRTH 19. AGE (In years) # Under	sr I Year Il Under 24 Hours			
wor	Female Negro Single OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) 3. FATHER'S NAME		CITIZEN OF WHAT COUNTRY			
15 (Ye	Kenneth Roberts 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Doris Figgs 17. INFORMABILITIMOTE City Hospft Records: 4940 Eastern Ave.	less 18			
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ematurity				
L CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR	RATION	20. AUTOPSY?			
MEDICA						
TI	m. work AT WORK 22. I hereby certify that I attended the deceased from 5-8- deceased alive on 5-10-, 19, 50, and that death occur 23A. SIGNATURE 4A. BURIAL, CREMA- ON, REMOVAL (Specify) Cremated 5-12-50 B.C.H. Crema ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	- ,1950 to 5-10-,1950, to rred at 12.05h, from the causes and on the causes are caused and causes and on the causes and on the causes are caused and cause	date stated above 23c. DATE SIGNED 5-12-50 county) (State)			
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ВІ	RTH NO.	0-08424	100	CERTIFICAT	E OF DEATI	H Regis	tered No		
1.	NAME OF D	ECEASED	2			2. DATE OF	7 0	2050	
	PLACE OF D		Boy Ha	iskins	A USHAL PESIDE	DEATH NCE (Where deceased	5-9-		nce
A.	Baltimore (City, Maryland	1 -m t414-4	ion, give street address or	A. STATE	B. COU		before admi	
H	DSPITAL OR ISTITUTION	Baltimore C		location)		(If outside corporate	ate limits Ar		nd give (nship)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	1606 May				
5.	SEX 1	6. COLOR OR RACE	WIDOW	E. MARRIED, /ED, DIVORCED (Specify) ingle	April 27-19	last birthe	years if Under day) Months	Days Hours	24 Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY		tate or foreign country)	12.	CITIZEN OF WHAT COUR	
13	FATHER'S	Wallace Ha	skins		14. MOTHER'S MA Ruth B				
	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.		ltimore City 40 Eastern Av	Hospan	£18	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CON-					orrhage			
Ü	TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING		ematurity RATION			20. AUTOP	SY?
AL	I SAI DATE	Y	58					-	NO
MEDICAL							exact location	1)	
-	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?			
	22. I herel		ended the	deceased from 4-2		to 5-9-		hat I last sa late stated o	
l	23A. SIGNA		100	0 M. D.	238. ADDRESS 4940 Eastern	Ave.	2	3c. DATE SIG	
D	4A. BURIAL, ON, REMOVAL (Crema: ATE RECEIVE OCAL REGIST	tion 5-12-50	s signat	B.C.H. Creme		4040 Easte	rn Aven	DDRESS	State)
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BALTIMORE CITY HEALTH DEPARTMENT

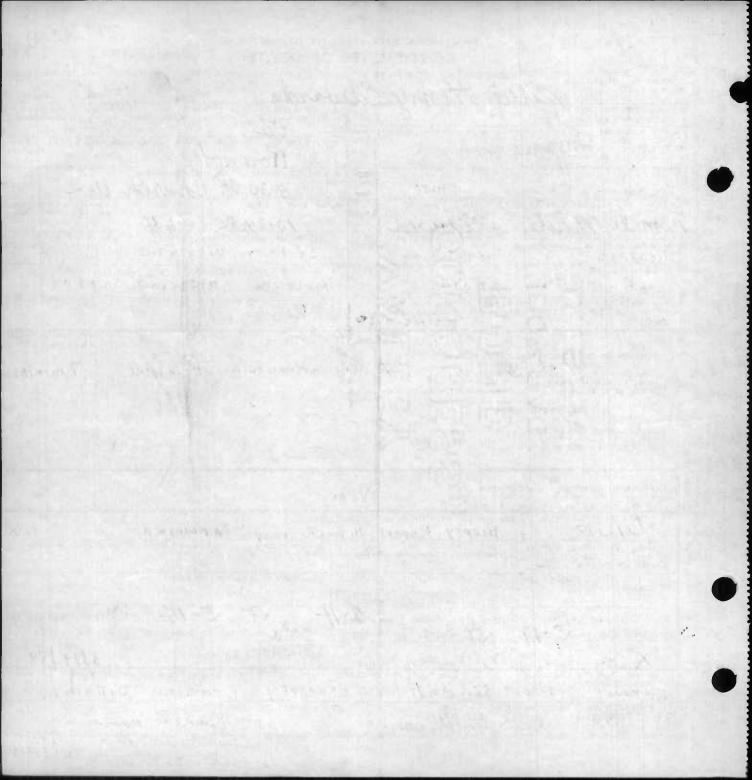
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BI	RTH NO.	E OF DEATH	Registered No.
	NAME OF DECEASED Agostino San	toni	2. DATE OF MQ 414, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	Where deceased lived. If institution : residence B. COUNTY before admission
H	FULL NAME OF I'l not in hospital or institution, give street address or Sospital OR location STITUTION. (11/0) Memorial Hospital DOA		outside corporate limits, write RURAL and a townsh
1	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)
100	Length of stay in Baltimore 45 Yrs. Days		
1	Male White Single	JAN. 22 /881	9. AGE (In years last birthday) Months Days Hours Months 24 Hours M
ror	A. USUAL OCCUPATION (Give kind of does during most of working life, even if retired) ETAIL-GROCERY TO REFORM STORE	Pieve Toring Ma	reign country) 12. CITIZEN OF WHAT COUNT U.S.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
1.0	Damiano Santoni	Rosa Polini	
Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Adorno Santoni	3118 O'Donnell S
LIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-		
ERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL C	19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY
EDICA	218. PLACE OF INJURY (e.g., about home, furm, fuctory, street, office bldg. CAUSE OF DEATH.	io or 21C. WHERE DID (I INJURY OCCUR?	f in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	4	OCCUR?
	22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said de	Inspection or Inquiry eccased died on the day stated abo
		238. CHIEF MEDICAL E	
		ASSISTANT MEDICAL E	EXAMINER 11/ 101
24	Wa. f. Kamme,	ASSISTANT MEDICAL E	EXAMINER 11/ 101
	IA. BURIAL CREMA- 248. DATE 24C. NAME OF CEMETE	ASSISTANT MEDICAL E	OR May 14, 195

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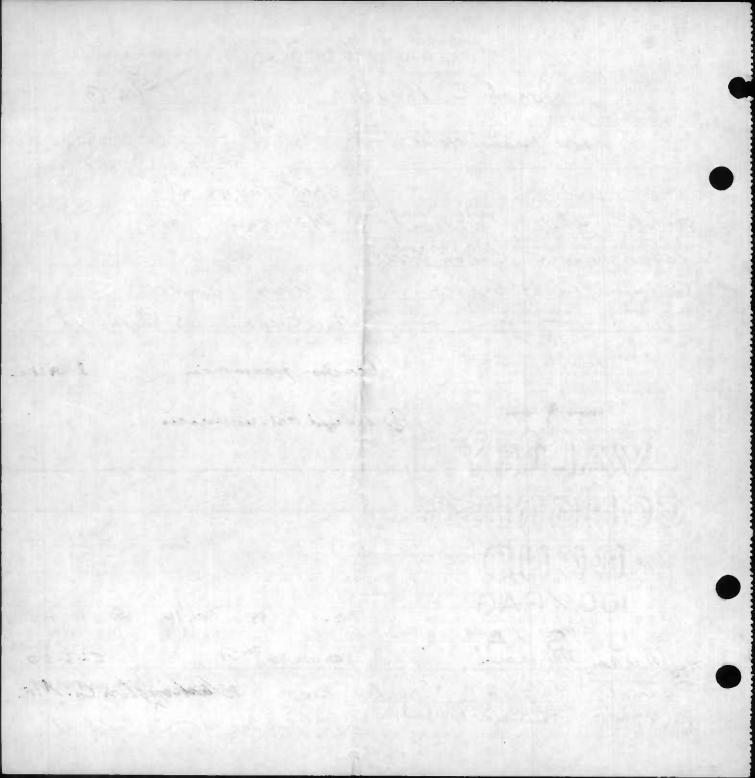
50 4442 4442 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY_ A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give JOHNS MOPKINS HOSPITT C. CITY OR TOWN INSTITUTION 1 D. STREET ADDRESS (If rural, give location) Mos. Three c. Length of stay in Baltimore AGE (In years | | Under | Yeer | | Under 24 Hours | last birthday) | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) Medoused IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Hostess Undoiz talcing U189141a LL. S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WEDER Henr 4 MILLRED CAMERING John 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO JOHAS ROPKINS HUSE NO 231-05-7459 INTERVAL BETWEEN 18. CAUSE OF DEATH item he cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchus CIHOMA (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important CAI REPORT Brunchosconv: Carcinoma 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! . 1900 that I last saw the 22. I hereby certify that I attended the deceased from 19.50. and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23C, DATE, SIGNED 24A. BURIAL, CDEMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24C, NAME OF CEMETERY OR CREMATORY EAST 1+111 ounoke Removal U11291419 DATE RECEIVED BY 25. FUNERAL DIRECTOR FUMPILAL HOMP INC VS 150



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egistered No	

ВІ	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No	A X TO
1. (T	NAME OF DECEASED San	ah E. Penney		2. DATE S/16 A	50
A.	Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution : residence before admission)
H	OSPITAL OR HOOD NW.	tal or institution give street address or sung House location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	/ D	rural, give location)	
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years MU	der I Year if Under 24 Hours hs Days Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of kind	I 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 1	2. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME Was Kranner Cichel	Phender	14. MOTHER'S MAIDEN N.	Roule Ha	V
15 (Ye	b. WAS DECEASED EVER IN U. S. ARME e. no or uokoown) (If yes, give war or dat	D FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT	RAF P ADI	DRESS
	18. 49 X DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	OF DEATH	soo ragn	INTERVAL BETWEEN
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	of dying, e.g., (A)	acho-preumon		2 63 2162
N O	ANTECEDENT CAU	IF ANY, GIVING	lyd arteres	essi.	
ICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	AST. (C)		••••••	
ERTIFICATION	OTHER SIGNIFICANT COND	NOT RELATED			
AL C	19a. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,		f in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
		mi work mi mork	20 400	h 1. C.	
	22. I hereby certify that I at	tended the deceased from 1	med at 1949, to		
		L, 19.49, and that death occur	rred atm., from t	he causes and on the	
TH	deceased alive on Opil 13 234 SIGNATURE BURIAL CREMA- 248. DATE ON REMOVAL (SPECITY) BURIAL 19	L, 19.49, and that death occur	rred atm., from t 238. ADDRESS 846 W. 36 & St ERY OR CREMATORY 240 L	he causes and on the	date stated above, 23c. DATE SIGNED 5-/6-50
D	deceased alive on Opil 13 230 SIGNATURE OR DECEMBER 4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (SPECILY)	24c. NAME OF CEMETE SOLUTION SOLUTION ALL ALL ALL ALL ALL ALL ALL A	rred atm., from t 238. ADDRESS 846 W. 36 & St ERY OR CREMATORY 24D L	he causes and on the	date stated above, 23c. DATE SIGNED 5-/6-50

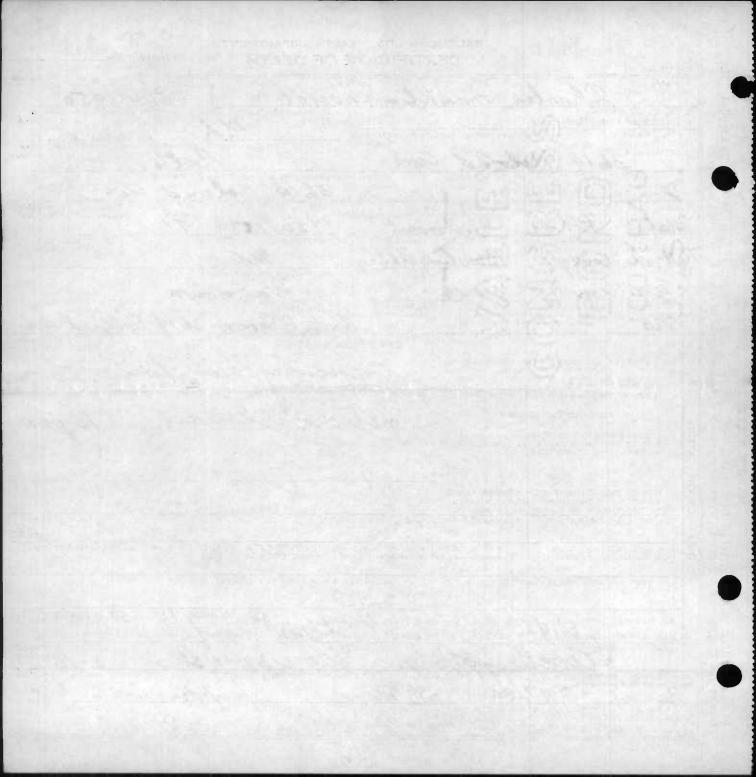


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BALTIMORE CITY HEALTH DEPARTMENT

50	4444
Registered No.	~ % 6 %

BIRTH NO.	ATE OF DEATH
(Type or Print) Charles Franklin	Prouse 2. DATE 5/14/1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived/If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR loca	
INSTITUTION 3619 Roland ava	3acta township)
	rs. O. STREET ADDRESS (If rural, give location)
	ays 36 9 Notand Cus
Male White Widowed (SI	ecify) //30/1879 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of provide and of the state of working life, even if retired) 10b. KIND OF BUSINESS OF THE STATE OF BUSINESS OF THE STATE OF TH	
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	Wuknown
(Yes, no r inknown) (If yes, give war or dates of service) (SECURITY N	o. Kewton S. Grouss 3619 Robined and
18. 4 20 1 CAU	SE OF DEATH ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	merces them love 12 hours
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	I many
ANTECEDENT CAUSES	+ 10
-	Mostlewing 10gm.
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (about home, farm, factory, street, office	yes No No. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY	
m. WORK AT W	ORK 🔲
22. I hereby certify that I attended the deceased from deceased alive on 1992, and that death of	ecurred at 1320 m., from the fauses and on the date stated above.
23A. SIGNATURE	23c. DATE SIGNED
2 Wither Mitories M. C	BDOW33 44St - 5-16-50 ETERY OF CREMATORY 240. LOCATION (City, town, or county) (State)
THORE REMOVAL (Finanty)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Tuttustor Williams, Milliams, Milliams, Milliams, Milliams	Well Bak Sec. 1217 St. Heal J.
WAY 150	15/91
	15690 942



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	1. NAME (Type or P
	3. PLACE A. Baltime
	HOSPITAL INSTITUTI
and ice	c. Length

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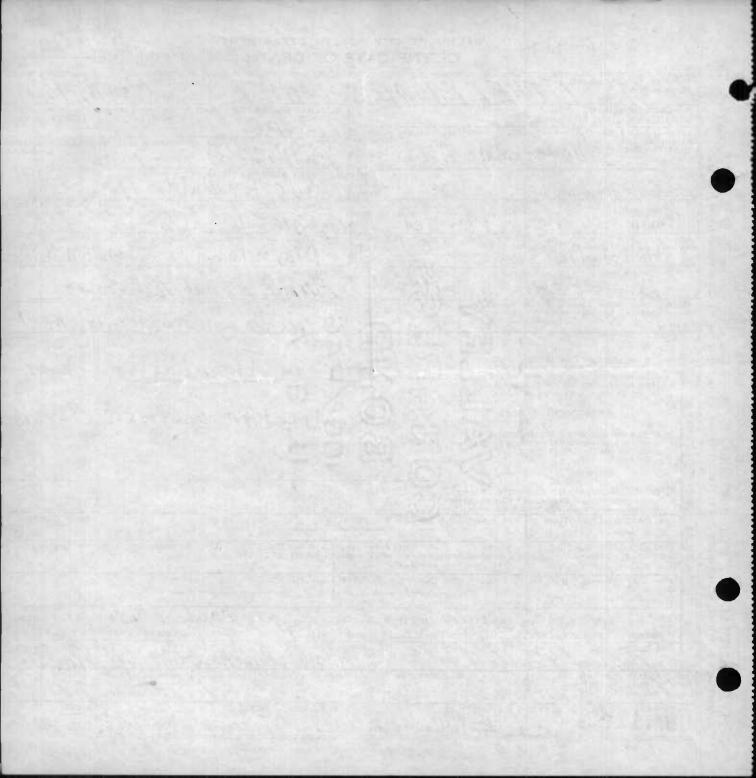
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 4445

46E

-					
	NAME OF DECEASED HILT	A ZWA	715164	2. DATE OF DEATH	6-50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		nstitution : residence before admission)
		r institution, give street address or			
	STITUTION 2719 ONLI	rego ave	C. CITY OR TOWN	f outside corporate limits	write RURAL and give township)
-	Longth of stay in Baltimore	27 Yrs.	D. STREET ADDRESS (I	rural, give location)	eve.
		SINGLE, MARRIED.	8. PATE OF BIRTH		Inder i Year II Under 24 illuurs
1	eniale white	WIDOWED, DIVORCED (Specify)		102 Z	ths Days Hours Min.
10	SUAL OCCUPATION (Give kind of done dyring most of working life, even if retired)	BB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN	AME	F-12
0	our		Veah		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FO., no or unknown) (If yee, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	Hamuel 7 Wa	3.7	TWESS We
	18. 153X	CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY			ONSET AND DEATH
	(This does not mean the mode of d		rembo Prece	monya	2 days
ě.	heart failure, asthenia, etc. It means to injury or complication which caus	the disease, sed death.) OUE TO	()em	is al)	
	ANTECEDENT CAUSES	- 9.	1 (A	6 mmn
5	DISEASES OR CONDITIONS, IF A	NY, GIVING	ner a ca	mon wines	
	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE OUE TO			Mark Hereit
CAT				1 25	11
	II	_(c) Las	unana J.	Sijmid.	iyean !
CER と	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NO TO THE OISEASE OR CONDITION CA	T RELATEO			,
-	1	MAJOR FINDINGS OF OPER		h / · -	20. AUTOPSY?
2		21B. PLACE OF INJURY (e.g., i	mo, M. McZastis.	olf in Baltimore City, gi	YES NO C
MEDICA	HOMICIDE (Specify)	out home, farm, factory, street, office bldg.,		in Baltimore City, gi	ve exact location)
	210. TIME (Month) (Day) (Year) (HOOF INJURY			Y OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attend	acto one account j	10-1,00	5 /14 , 1930	that I last saw the
	deceased alive on 5/16, 1			the causes and on the	
	23A. SIGNATURE 22 Just	- M. O. 2	23B. ADDRESS	Play	5/16/JO
710 TIC	BURIAL, CREMA- 24B DATE REMOVAL (Specify)	TO 24c. NAME OF CEMETE	OLL 24D.	OCATION City, town, o	Ma
D	AY 17 1950 REGISTRAR'S S	tor Villiams, Mil	25. FUNERAL DIRECTOR	Due 2100 6	antow le
	VS 150	THE RESERVE AND A SERVEN AND AND A SERVE A			11-

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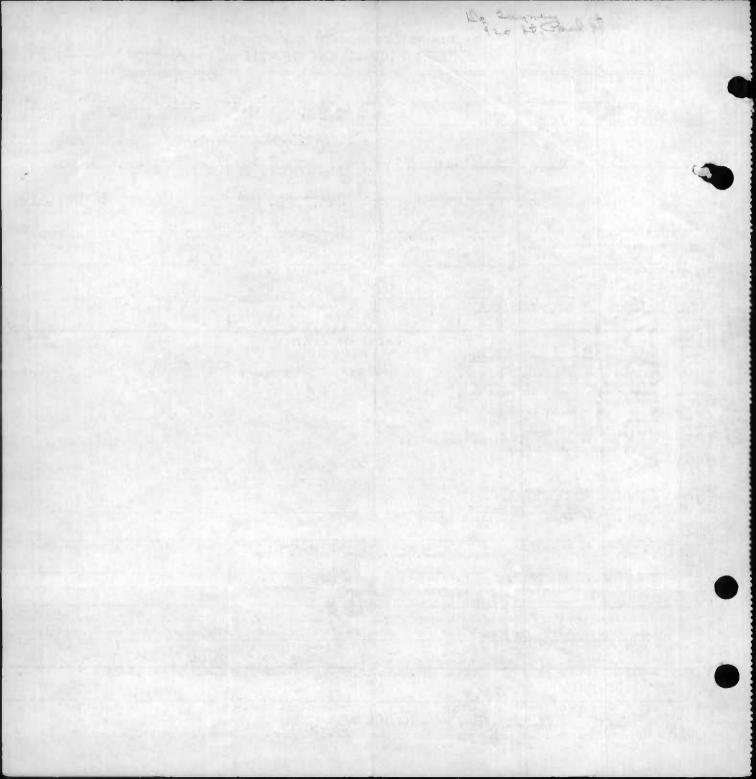
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Registered	No.	4440	

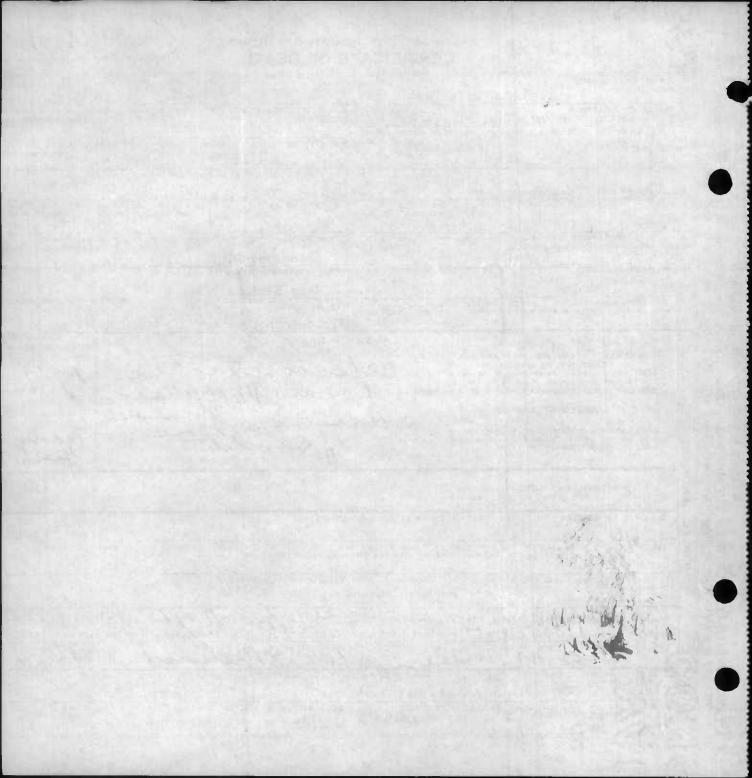
	CERTIFICATE OF DEATH Registered No.					
1	NAME OF DECEASED Type or Print)			2. DATE		
3	. PLACE OF DEATH: . Baltimore City, Maryland	The Deep Land	4. USUAL RESIDENCE (WH	DEATH here deceased lived, if and B. COUNTY	stitution : residence before admission	
B		ontal or institution, give street address or location)		outside corporate limits	write RURAL and give	
1	a thought	Yrs.	D. STREET ADDRESS \(\lf ri	ural, give location)	-01	
10.0	. Length of stay in Baltimore	Mos. Days	1213 M Francis III			
100	SEX 6 COLOR OR RAC		8. DATE OF BIRTH	9. AGE (In years Hum last birthday) Month	der I Year if Under 24 Hours has Days Hours Min.	
	DA. USUAL OCCUPATION (Give kind k dooeduring most of working life, even if retire		11. BIRTHPLACE (State or for	eign country) 12	2. CITIZEN OF WHAT COUNTRY	
I	S. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
1 (Y	5. WAS DECEASED EVER IN U. S. ARM es, no or unknown) (If yes, give war or d	IED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	DRESS		
RTIFICATION	DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc. It n injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	uses i. If any, giving A) STATING THE (C)	bro-Varcula yoe tensive Potercosclero	s Acceden C-V Diver	E 36 hrs.	
CER	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITI	JT NOT RELATED	24101		20. AUTOPSY?	
A	19A. DATE OF OPERATION	TISE. MAJOR FINDINGS OF OFER	(ATTON		YES NO	
EDICA		21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		in Baltimore City, giv	e exact location)	
2	21b. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?		
	22. I hereby certify that I attended the deceased from how 1, 1950, to how 14, 1950, that I last saw deceased alive on how 14, 1950, and that death occurred at m., from the causes and on the date stated about 33A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGN 23C. DATE SIGN					
T	4A. BURIAL, CREMA 24B. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)	
	ATE RECEIVED BY REGISTRA	R'S SIGNATURE	25. FUNERAL DIRECTOR	0.7-1.0	ADDRESS	

VS 150



Letter in document file 50-4449-6/7/50.

В	IRTH NO.		CERT	ΓΙΓΙCΑΤΙ	E OF DEATH	Registered	No.
1. (T	NAME OF D Type or Print)		sa Hofferber	t		2. DATE OF DEATH May	15, 1950
A. B.	FULL NAME	EATH: City, Maryland 20 OF (If not in hospit	7 N. astle s	St. treet address or location)	4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived. B. COUNTY	If institution : residence before admission)
	OSPITAL OR			Baltimore 6-0 2 township)			
C	Length of s	tay in Baltimore		D. STREET ADDRESS (If rural, give location)			
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				The state of the s		
10 warl	Cemale DA. USUAL OC Adone during most At home	White CUPATION (Give kind of of working life, even if retired)	Widowed 108. KIND OF BUS	INESS OR INDUSTRY	March 25, 1864 11. BIRTHPLACE (State or Washington, D.C.)	foreign country)	12. CITIZEN OF WHAT COUNTRY
-	FATHER'S	IAME	2		14. MOTHER'S MAIDEN	NAME	
	eorge Ei				Mary Kleindienst		
(Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT		ADDRESS
_	No.				J. Louis Hofferb	ert 1234 Nor	thview Road
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which complication which complication which complication which complication which complication with the above cause (a) Ting condition Laurent Condition to the death, but sease or condition	f dying, e. g., (A not he disease, aused death.) DUE EES FANY, GIVING STATING THE DUE ST. (C TIONS CON- NOT RELATED CAUSING IT.	то Си 3) Дл	erioscle Vas leno-sch J Sevele	culas Dislar	e many years.
AL	19A. DATE O	F OPERATION 0 1	B. MAJOR FINDIN	GS OF OPER	ATION		20. AUTOPSY?
1EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact the contribution of the contr					give exact location)	
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK				21F. HOW DID INJUR	RY OCCUR?	
	22. I hereby certify that I attended the deceased from april 1950, to May 15, 198 hat I last saw the deceased alive on May 15, 1950, and that death occurred at 5 mm., from the causes and on the date stated above						
24	23A. SIGNATURE M.D. 239. ADDRESS Pullewill & 236 75 15						
B	urial	May 19,	1950 St. M	atthew's		Baltimore, Mo	Part of the second
LC	MAY 17	1150	S SIGNATURE / LILI		25. FUNERAL DIRECTOR Jllrich Funeral	Home 2008 Orl	ADDRÉSS Leens Sr.,
1	VS 150	1 1 1 1 1 1 1 1 1	DENTY	भ्रमा वर्ग			025

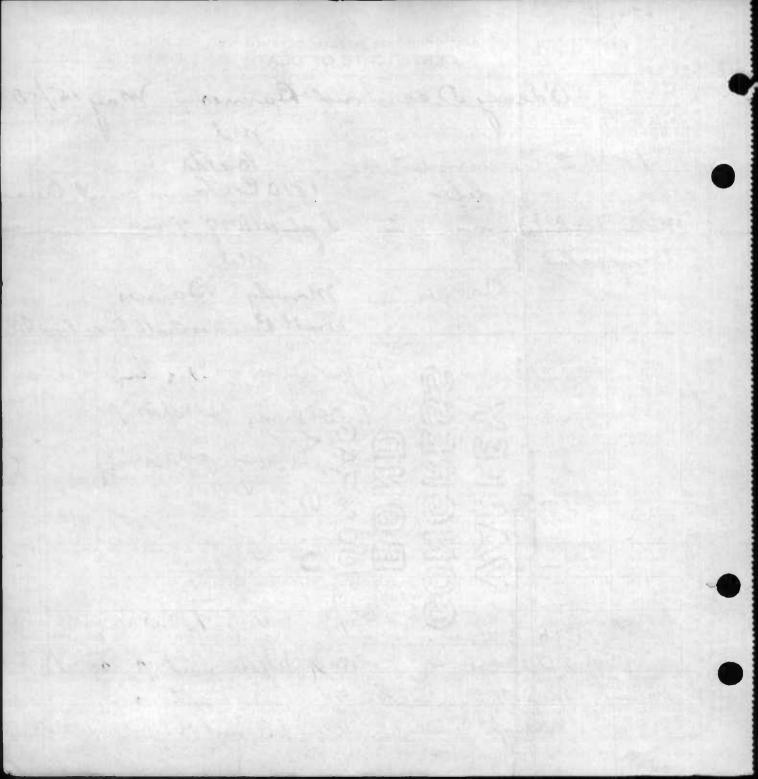


B	-652
	50 4451
The	BIRTH NO.
	1. NAME OF DECEASED (Type or Print)
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland
ılly su	B. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT

50 4451

В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED O'Leary	Desmo	nd Barn	2. DATE OF Mar	15/50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		tution: residence before admission)
H	OSPITAL OP	tution, give street address or location)	c. CITY OR TOWN	(If outside corporate limits, w	rite RLICAL and give
11	ISTITUTION 10 & Jan	mount as	B	all 6-01	(qidenwot
		Yrs. Mos.	D. STREET ADDRESS	(If rune, give location)	W 0
	Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SING		8. DATE OF BIRTH	9. AGE (In years) If Under	r I Year II Undai 24 Houis
	Male While m	OWED, DIVORCED (Specify)	Sept 1418	77 72 Months	Days Hours Min.
	A. USUAL OCCUPATION (Give kind of the doubturing most of working life year if rotired)	ND OF BUSINESS OR INDUSTRY	11. ERTHPLACE (State	or breign country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER NAME		14. MOTHER'S MAIDEN	NAME	
15 (Ye	(If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	and P	ESS ON
	18. 4-0 1	CAUSE	OF DEATH	mes dalle in	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT LEADING TO DEATH	11	11 0	0 11.	ONSET AND DEATH
1	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	sease,	Juliu-	1 an aug	May
F	injury or complication which caused de	eath.) DUE TO	BCulous	Missan 1	12
Z	DISEASES OR CONDITIONS, IF ANY, G	(B)	· occordi	0 10 41.9	
CATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	1.01.4.	- marlies!	
RTIFIC		(c)	rurung	Certify	
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	ATED	'V		
1		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
MEI					
1	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
133	22. I hereby certify that I attended t		14 is 190, to	5 11 Stop, til	hat I last saw the
	deceased alive on 23A. SIGNATURE	and that death occur		m the causes and on the d	late stated above.
	Fred lay	M. D.	PON W Chillen	m OKR 6	3C DATE SIGNED
710	AA. BURIAL, CREMA 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (Cife, town, or o	county) (State)
D	ATE RECEIVED BY REGISTAR'S SIGNA	TURE after	25. FUNERAL DIRECTO	Dallmon	DDRESS
M	OCAL REGISTRAR AV 1 7 1950 Huntington	Millians, M.D.	Welling Fren	real Home 200	4 Orlagon
	VS 150	4 3 C	0819		930
11		2	01/		1-/



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BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.	F DEATH	registered 110.	
	NAME OF DECEASED bype or Print) Lubenta Watteins		2. DATE OF DEATH May	15,19 50
Α.	PLACE OF DEATH: Baltimore City, Maryland A. S	USUAL RESIDENCE (Who		titution: residence before admission
H	9 Provident Hosp E	Balto,	utside corporate limits, v	write RURAL and give
c.	Length of stay in Baltimore Yrs. Mos. Bays Bays Bays Bays Bays Bays Bays Bays	OD W. RX M	iral, give location) S+	
		DATE OF BIRTH	9 AGE (In years Humi last birthday) Month	dei 1 Yeai na Days Hours Min.
worl	A. USUAL OCCUPATION (Give kied of a done during most of working life, even if retired) A. USUAL OCCUPATION (Give kied of line) INDUSTRY INDUSTRY INDUSTRY	BIRTHPLACE (State or fore	N.C. 12	CITIZEN OF WHAT COUNTRY
	Charles Enginns E.	MMA Ca	lvin	
(Ye	no or unknown) (If yes, give war or dates of service) SECURITY NO.	ant Calv	W CLM)	per land
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ebral hem		
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY?
EDIC/		21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	YES NO exact location)
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	deceased alive on 5-75, 1950, and that death occurred of 23A. SIGNATURE	at 9 m., from the	e causes and on the	date stated above
D	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF 24C. NAME OF CEM	Prinident	CATION LES TES, town, or	5-16-50
	VS 150		9	130

TIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 50-09626 BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF efully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION rovident Hospital and legibly. Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Dan 6. COLOR OR RACE 9. AGE (In Cars 7. SINGLE. MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days should In fort clearly 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information MONE 13. FATHER'S NAME death muc 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. item of m CAUSE OF DEATH 18. FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Huur) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! WORK , 1950, to 5- 15-, 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. 19 50, and that death occurred at 12352 m., from the causes and on the date stated above. WRITE deceased alive on 5-13 34. SIGNATURE 13 age 24C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-24B. DATE 240 COCATION (City, town, ur county) REMOVAL (Specify) correct DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR

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Hours: Min.

WHAT COUNTRY

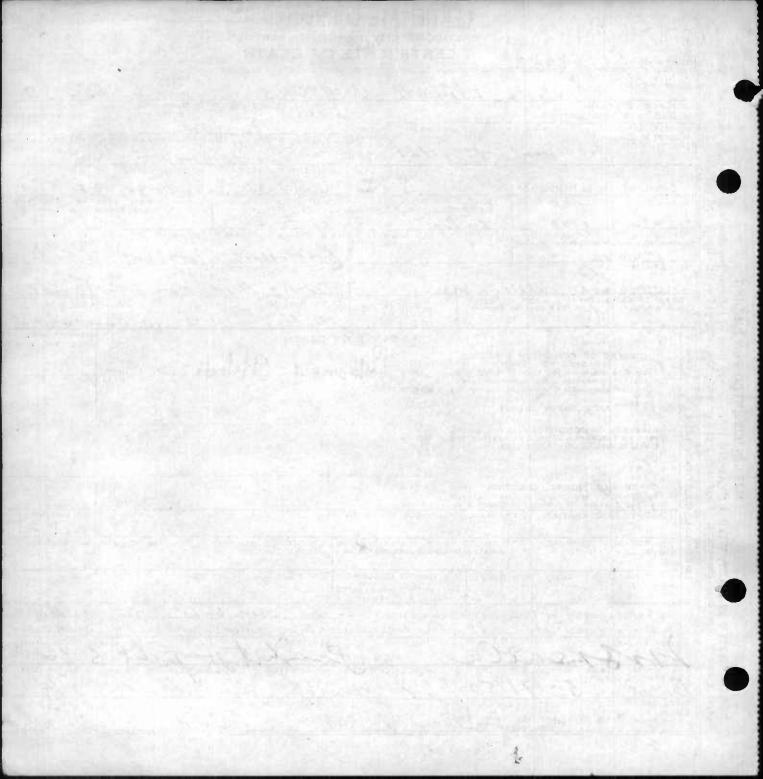
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES

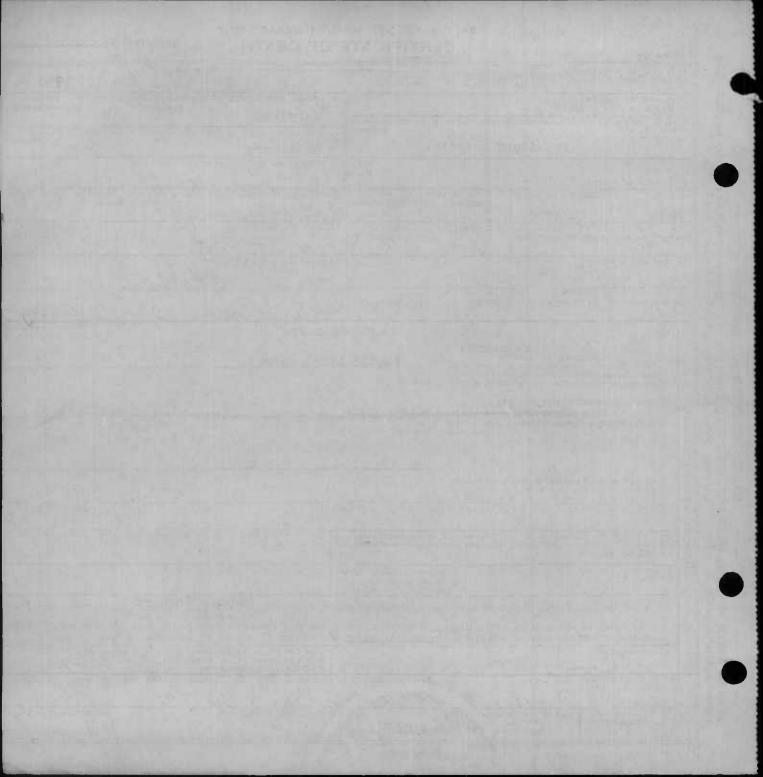
12. CITIZEN OF



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- 11				

BALTIMORE CITY HEALTH DEPARTMENT

B	CERTIFICATI	E OF DEATH Registered No.			
1	NAME OF DECEASED MILTON S. JONES	2. DATE OF DEATH May 15, 1950			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) Maryland			
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)				
	Provident Hospital	Baltimore 17-02 township)			
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)			
	Length of stay in Baltimore Days SEX 6.COLOR DR RACE 7.SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year [ast birthday) Months: Days Hours: Min.			
11	Male Colored Single	WOF 11, 1911 38			
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k dope during most of working life, even if retired)	11. BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
1	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
-	harles W Janes	Hallie Johnson			
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Halle Johnson 1239 Survivon St			
	18. 073 X I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	heart disease			
	(This does not mean the mode of dying, e.g., (A)				
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
RTIFICATION	UNDERLYING CONDITION LAST.				
FIG					
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U	19A. DATE OF OPERATION 19B. MAJOR FINOINGS OF OPER	RATION 20. AUTOPSY?			
EDICAL	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i PRIMARY OR CONTRIBUTING about home, ferm, factory, street, office bidg., cAUSE OF DEATH.	o or 21c. WHERE DID (If in Baltimore City, give exact location)			
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK				
	22. I certify that I took charge of the remains described of				
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death pe my opinion resulted from natural causes. A accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).				
	23A. SIGNATORE	238. CHIEF MEDICAL EXAMINER			
2	MAK BURIAL, CREMA- 248, DATE 24C, NAME OF CEMETE ON, REMOVAL (Spority)	I.B. MEDICAL INVESTIGATOR			
10	ATE RECEIVED BY RECOTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 3. 4N			
	MAY 1 1850 Tuntuston Villiams, M.	Mrs Rutur KWilliams Schwedy St			
\	5 151	06/ 30E			



correct

240 LOCATION (City, town, or county, 195 DATE RECEIVED BY REGISTRAK'S SIGNATURE REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

before admission)

If Under 24 Hours

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

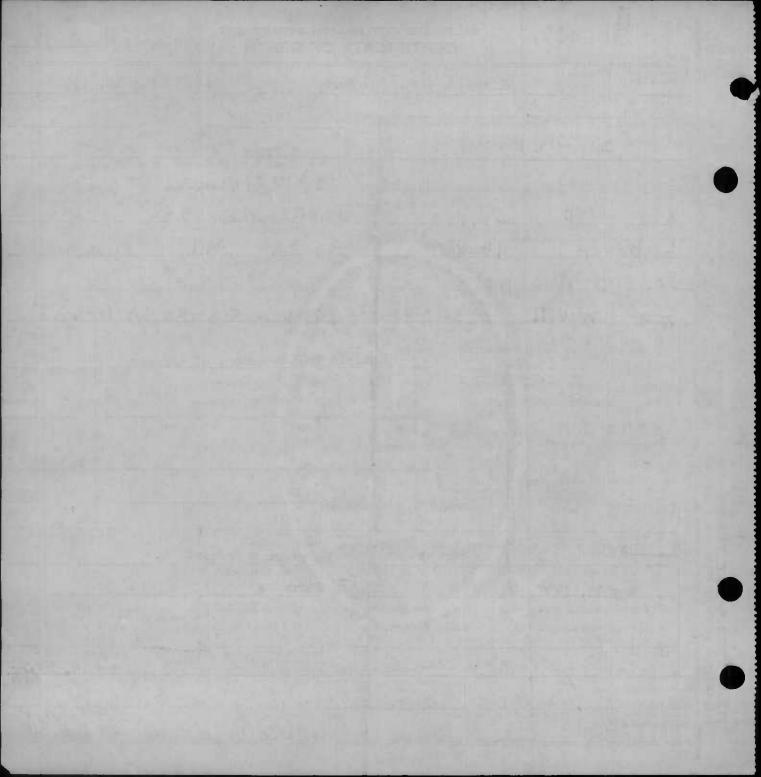
20. AUTOPSY?

thereon and from

23c. DATE SIGNED

If Under | Year

ADDRESS



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	PL.	ecially
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	PLEAL WRITE PL. LY, WITH UNFADING INK	correct age is especially important. Physicians: pleaso

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

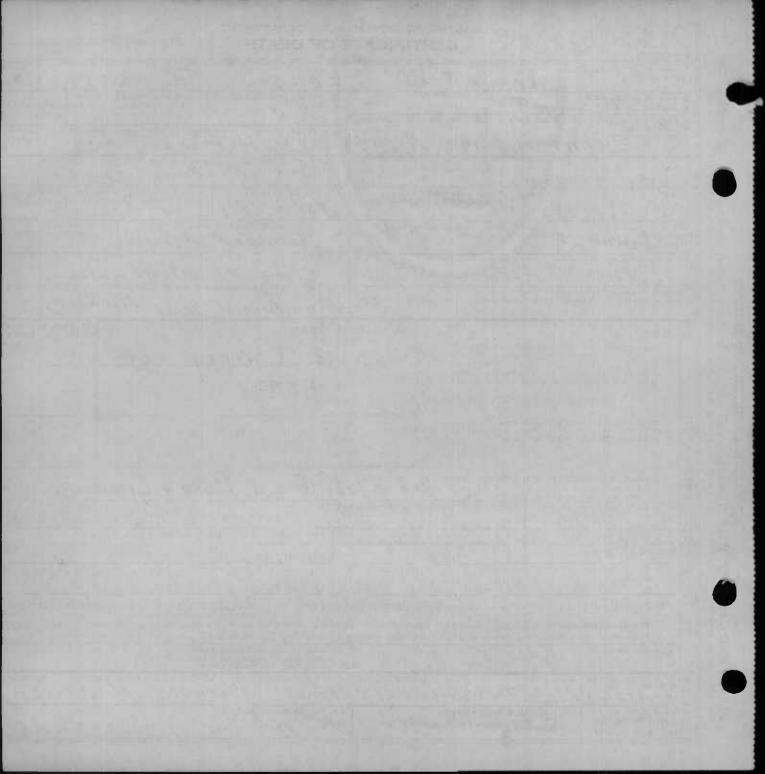
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ВІ	RTH NO.		CERTIFICAT	E OF DEATH	registered	110
	NAME OF D				2. DATE	16,1950
			Weisberg		DEATH	
Α.		City, Maryland		4. USUAL RESIDENCE		f institution; residence before admission
	FULL NAME	OF (If not in hospit	al or institution, give street address or location			A
N	STITUTION	2117 Denni		Baltimore	outside corporate ilm	its, write RURAL and give township
c.	Length of s	tay in Baltimore	45 yrs Yrs. Mos. Days	3809 Reisters		
-	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year II Under 24 Hours
11	Male	White	Widowed, DIVORCED (Specify Wood dower	1884	66	onths Days Hours Min.
wor]		CUPATION (Give kind of of working life, even if retired)	Repair Barrels	I1. BIRTHPLACE (State or Russia	foreign country)	12. CITIZEN OF WHAT COUNTRY USA.
13	. FATHER'S	NAME		14. MOTHER'S MAIDEN	NAME	
	Morris V	Weisberg		Livisha Rodma	an	
15 (Ye	e, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Samuel Reisberg		rstown Rd
	18. 14	1 (X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION				ONSET AND DEATH
		LEADING TO DEA	TH Man	cinowa of	naso shorys	w 3/2 Us.
	heart failt	are, asthenia, etc. It mea	ins the disease,	7		
	injury or	complication which c	saused death.) Doe 10			
7		ANTECEDENT CAUS				
TION	DISEASES OR CONDITIONS, IF ANY, GIVING		**			
AT	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO			
RTIFICA	ESTAL S					
님		11	(C)			
CER	TRIBUTIN	SIGNIFICANT COND. G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
			98. MAJOR FINDINGS OF OPE			20. AUTOPSY?
AL		0				YES NO L
EDICA	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	218. PLACE OF INJURY (c. g., about home, farm, factory, atreet, office bldg.	in or 21c, WHERE DID ,etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	2ID TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURF	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY	(Month) (203) (2011)	WHILE AT NOT WHILE		0000	
			m. WORK AT WORK			
	22. I hereby certify that I attended the deceased from June . , 1946, to May 16 , 1950, that I last saw t					
	deceased a	live on weer 3	, 19 50 and that death oden	rred at 9,25 P.m., from	the causes and on	the date stated above
	23A. SYGNA	in nike	Uneen M. D.	3700 Par	h/teaglotan	Way 16 195
2.	4A. BURIAL,	CREMA- 248. DATE	24C. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, tow	
	Eurial (S	May 17,1	1950 Hebrew Young		ltimore	Md
	ATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR	?	ADDRESS //261
	MAY 17	1350 11	truston Villians, Mill	Sol Leverso	mr Bus	Worth any

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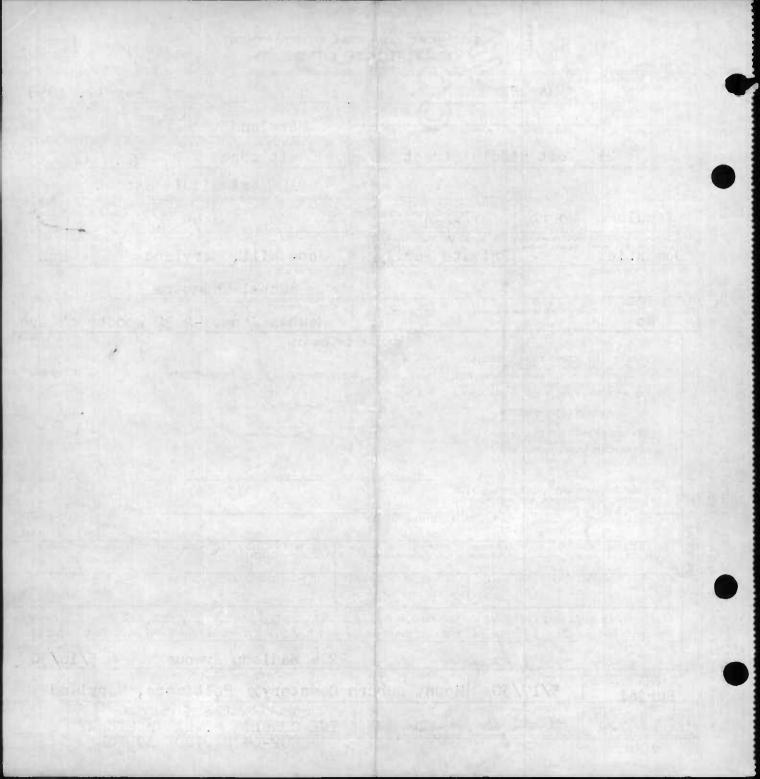
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Registered No	4458
Registered No	- 400

B	50 44	158 BAI		E OF DEATH	Registered 1	4458
1.	NAME OF DECEASED	ARTHA BRO	WN		2. DATE OF DEATH Maj	12, 1950
Α.	PLACE OF DEATH: Baltimore City, Maryla			4. USUAL RESIDENCE A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 219 West Biddle Street					e //- 0	ts, write RURAL and give township
	Length of stay in Baltin	more	Yrs. Mos. Days	219 West	Biddle Stre	eet
5.	Female Neg	WIDOW	E. MARRIED. VED, DIVORCED (Specify) OWED	8. DATE OF BIRTH		t Under 1 Year If Under 24 Hours on the Days Hours Min.
wor	DA. USUAL OCCUPATION (G k done-during most of working life, even DOMESTIC		te Family	Snow Hill,		12. CITIZEN OF WHAT COUNTRY USA
13	B. FATHER'S NAME	2		14. MOTHER'S MAIDEN	NAME Chambers	
18 (Ye	5. WAS DECEASED EVER IN U. (If yes, give w	S. ARMED FORCES? ar or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS Odbrook Ave
ERTIFICATION	LEADING T (This does not mean the heart failure, asthenia, et injury or complication ANTECEDEN DISEASES OR CONDIT RISE TO THE ABOVE CAI UNDERLYING CONDIT	e mode of dying, e. c. It means the disease which caused death T CAUSES TONS, IF ANY, GIVILUSE (A) STATING TOON LAST.	(B)	tew selem pulan	m lovi	25° mm
AL CE	TRIBUTING TO THE DEATO THE DISEASE OR CO	NDITION CAUSING				20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE HOMICIDE (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	
Σ	21D. TIME (Month) (Day OF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
2	22. I hereby certify the deccased alive on 5-23A. SIGNATURE 4A. BURIAL, CREMA-1 24B.	APP 1	and that death occur	_ // -	the causes and on t	5/16/50
TI	ON, REMOVAL (Specify) Burial		Mount Aubur	n Cemetery F		
	AY 7950 H	mitigter !	16 22 .	THE CHARLES		TUARY
	VS 150 802-04 MADISON AVENUE					

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LY, WITH UNFADING INK. Every item of information should be efully supplied. important. Physicians: please write the causes of death clearly and leadly.

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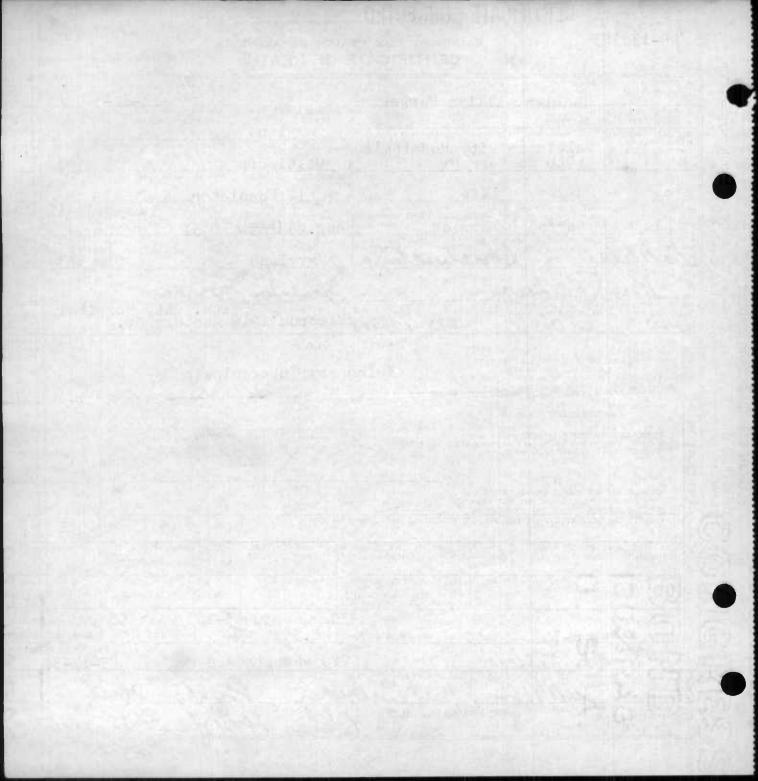
	BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
	1. NAME OF DECEASED Elsie K. Kaufman	2. DATE S 15/50
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Maryland General Hospital)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township
920	c. Length of stay in Baltimore 52 Mos. Days	D. STREET ADDRESS (If rural, give location) 36 South Decker St # 24
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 10 - 26 189
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even (fretired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	BSCAR JUNGHANEL	14. MOTHER'S MAIDEN NAME KATHERINE, DEAN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Henry Kaufner de above
, and the second	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pan hys/y/Ceelurab	effuens atelectas sine & 49 Ret pleval or elastasis astatic cercina live?
	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	arenia chehexia
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. s., in about home, farm, factory, street, office hidg., e	YES ND
	CAUSE OF DEATH	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
and an	23A. SIGNATURE	7 7 19 20 to 5 - 15, 1980, that I last saw the red at 6 2 m., from the causes and on the date stated above 38. ADDRESS 123C. DATE SIGNED
0	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	C Lucial Aucean
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
M	AY 175 150 Huntington Williams, M.	1460 55E
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Primary site unknown, 50-4459 - 6/5/50.

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before admission)

12. CITIZEN OF

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ONSET AND DEATH

20. AUTOPSYT

YES

1950 that I last saw the

town, or county)

ADDRES

23c. DATE SIGNED

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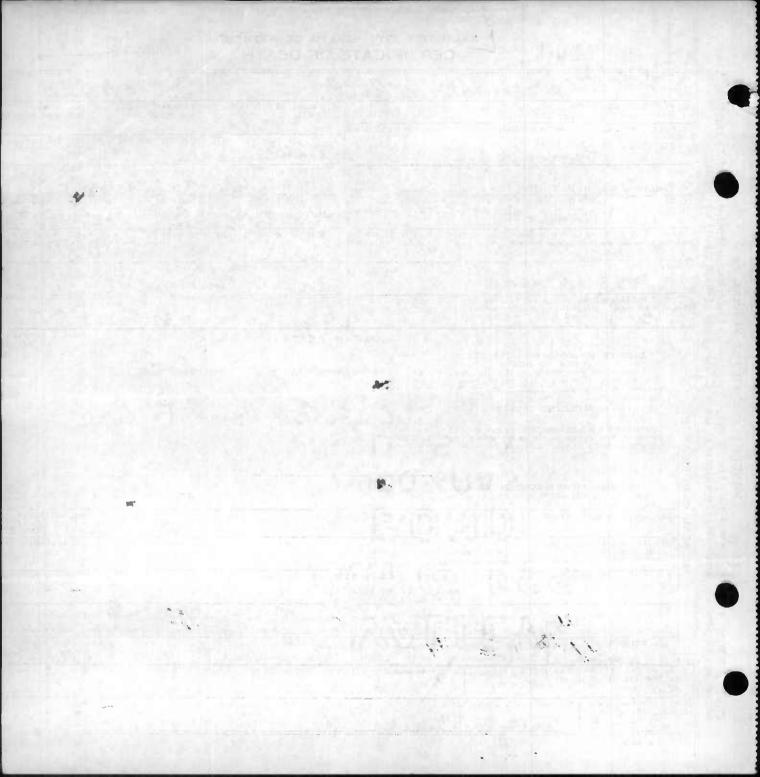
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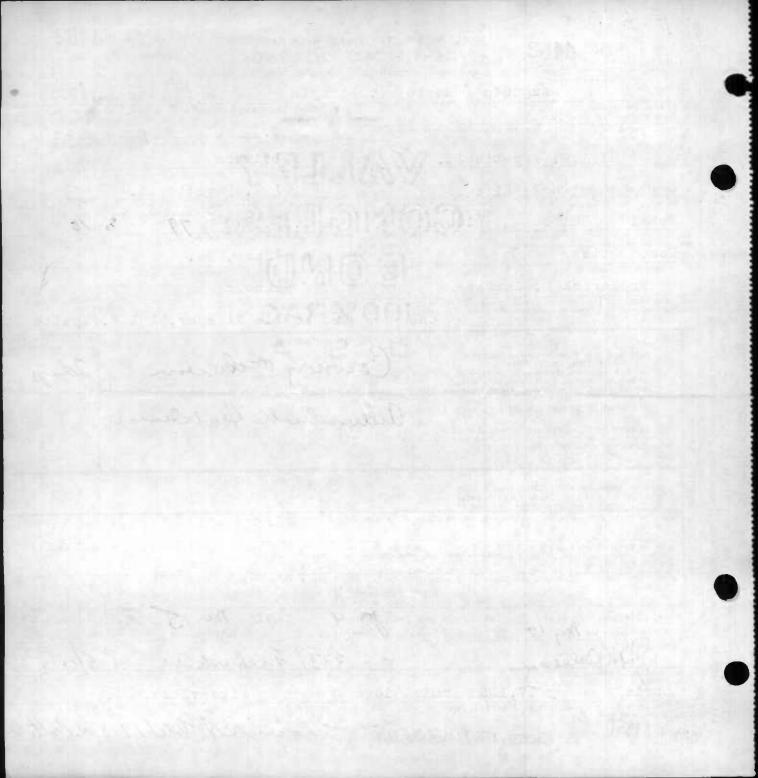
	9.	
	fully supplied	
	fully	oly.
MARGIN RESERVED FOR BINDING	WRITE PL. Y, WITH UNFADING INK. Every item of information should be	ge is especially important. Physicians: please write the causes of death clearly and legally.
RESERVED	INK. Every	lease write t
MARGIN	UNFADING	Physicians: 1
	LY, WITH	important.
	WRITE PL.	ge is especially

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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

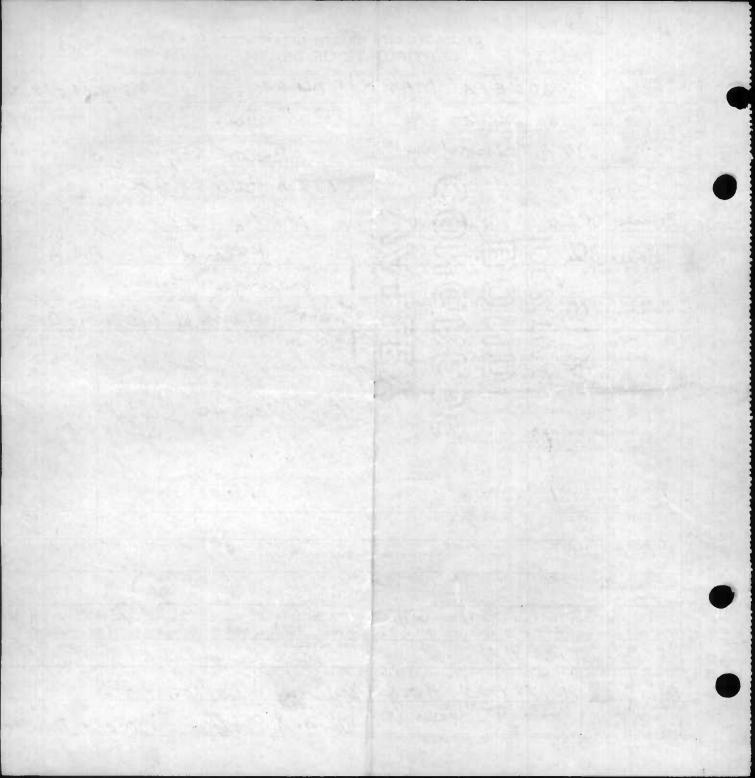
4462 Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
Augusta (Gussie) A	- DENTIL
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	Md. 5-0-07
HOSPITAL OR location	(If outside corporate limits, write RURAL and give
2121 W. Fayette St.	Daitimore
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Days	
WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours Min.
Female White Widowed	Sept.29,1870 79 8 16
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Home Duties	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick F. Guerke	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or uokoown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
None	Mrs Mollie Fischer, 2121 W. Fayette St
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	ronon occlusion Iday
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
a A	
ANTECEDENT CAUSES	uselled Healdesler
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A. V. T. Y. W.
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
F	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	EATION
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	,etc.) INJURY OCCUR?
21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. work AT WORK	
22. I hereby certify that I attended the deceased from	
deceased alive on No. 17, 19 and that death occu	
23A. SIGNATURE	23B. ADDRESS 1 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	3361 7 Miswell Me 131715 0
TION, REMOVAL (Specify)	
Burial May 17,1950 Druid Ridge	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trederick Y. Vole 1913 W. Baltast
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	ILY,
	WRITE PI VLY, WITH UNFADING INK. Every item of information should be efully supplied is especied important. Physicians: please write the causes of death clearly and legibly.

	51	2 V 1 4463			EALTH DEPARTME	ENT 5	50 4463
=	NAME OF D Type or Print)	FOEAGED	ZEFA		IEWICZ	2. DATE OF	may 16-1950
	B. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR NSTITUTION	EATH: City, Maryland	Balto-	ion, give street address o	C. CITY OR TOWN	d , B. COUN	ved. If institution: residence
	Length of s	tay in Baltimore		Yrs. Mos. Days	617 & B	elnord an	R
an	Female	White	Wio	E. MARRIED. ED. DIVORCED (Specify	18//	73	ars If Under I Year I Under 24 Hours Min.
clea	ork done during most	CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTR	Po	rland	12. CITIZEN OF WHAT COUNTRY?
death	3. FATHER'S I	VAME -			14. MOTHER'S MAID	ga dare	R
TO	5. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ieurica 6171.	Belnord ave.
Physicians: please write the causes	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE, s not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAL SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	ATH of dying, e. 12 cans the diseas caused death USES IF ANY, GIVIN) STATING TI AST. DITIONS COI	(C)	greatial By	enster House	onset and death 2 mo.
	19A. DATE	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	N CAUSING I		RATION		20. AUTOPSY?
important.	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., farm, factory, etreet, office bldg.		(If in Baltimore	City, give exact location)
	OF INJURY	(Month) (Day) (Yea	m.	2 IE. INJURY OCCUR! WHILE AT NOT WHILE WORK AT WORK			
ge is especie	deceased a	TURE arene W.	le lo	and that death occi	3023 Ca	stem Ave	, 1930, that I last saw the lon the date stated above.
ect :	24A. BURIAL, (10) REMOVAL (1) BULLAR (1) DATE RECEIVE LOCAL REGIST	May /	2-/950 15 EIGHT/	Holy /	25. FUNERAL DIRECT		ADDRESS 2007 Eastern St.
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BIRTH	NO		

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered No	4	46	4
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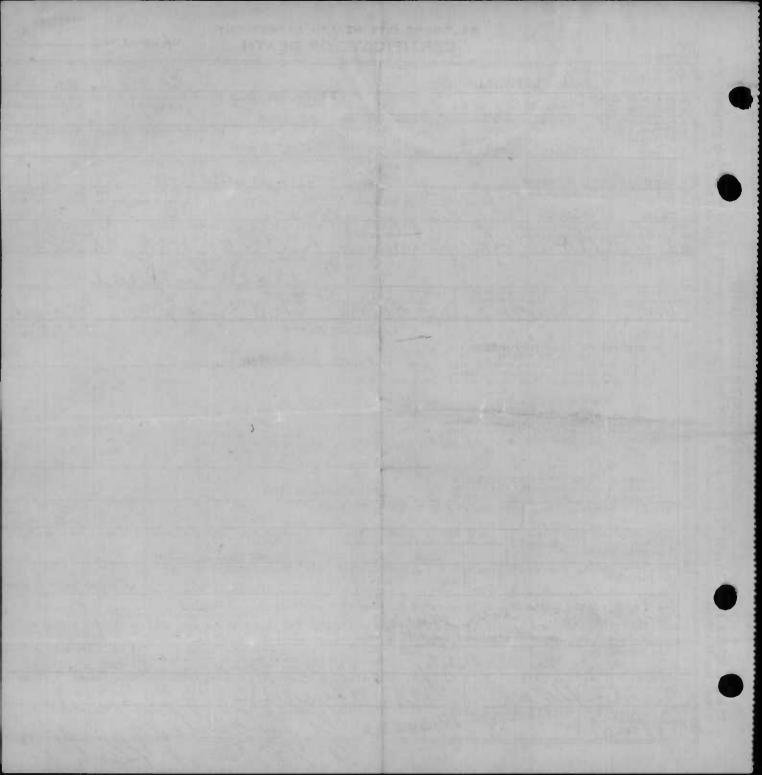
BII	RTH NO.			CERTIFICATE	OF DEATH		
1. (T)	NAME OF Dipe or Print)	Ruth 1. W	elitr	ey		2. DATE OF DEATH	116/50
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE (W		. If institution: residence
HC	SPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (If	outside corporate lis	mits, write RURAL and give
3	V Un	w. D Ma	ug lan	d Hosp.	Bollmare.	15-	-10 township)
c.	Length of st	tay in Baltimore	-	Yrs. Mos. Days	D. STREET ADDRESS (II:	rural, give location)	Rd'
<u> </u>	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Months! Days Hours Min.
10	2mile	CUPATION (Give kind of		OF BUSINESS OR	Jan. 20. 1889 11. BIRTHPLACE (State or fo	6/	LIO CITIZENI OF
work	done during most o	f working life, even if retired)		INDUSTRY	11. BIRTHPLAGE (State of It	1	12. CITIZEN OF WHAT COUNTRY?
	usewife FATHER'S N	IAME	at ho	me .	14. MOTHER'S MAIDEN NA	ME ME	CESTY -
Ly	man Gard	ner			Martha Mathews		
15		D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,	no			no	Mr. W. Monroe Wh	itney 3913	Chatham Rd.
ATION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, 19 HE ABOVE CAUSE (A)	TH of dying, e.; ons the diseas caused deatl SES F ANY, GIVII STATING TI	g, (A) Come of the	noscleratic disease	Cardis-	
L CERTIFIC	TRIBUTING	SIGNIFICANT CONDIG TO THE OBATH, BUT ISEASE OR CONDITION OF OPERATION 1	NOT RELAT	FO			20. AUTOPSY?
CA	21A ACCIDE	NT, SUICIDE,	1 218 PL	ACE OF INJURY (e. g., ic	o or 21c. WHERE DID (I	f in Baltimore Cit	y, give exact location)
EDIC	HOMICIDE	(Specify)		farm, factory, street, office bldg., e		111 3/4/	J) B'''
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E, INJURY OCCURRE WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from 5	1/12/50 19 , to	5/16 , 19	that I last saw the
	deceased al		_, 19.50,		red at 3 p. m., from to	he causes and or	the date stated above.
		Mark Elfar	24, 2	м. р.	Un med.	Hosp	5/16/50
	N. REMOVAL (S Remova	specify)		24c. NAME OF CEMETE Abington Hil	1917	ocation (City, to ton. Pa.	wn, or county) (State)
	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S SIGNATU		25 FUNERAL DIRECTOR	ener Y Ja	s. Batto M.
M	AY"1 799	50	- MARIE CO	Filespies (1)	0 13		937

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	HEALTH DEPARTMENT TE OF DEATH Registered No
BIRTH NO.	TE OF BEATH
1. NAME OF DECEASED (Type or Print) GEORGE SATCHELD	2. DATE OF DEATH May 14, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	
Provident Hospital	Baltimore /) - 0 - 0
c. Length of stay in Baltimore Day	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Male Colored WIDOWED, DIVORCED (Specific Male Colored Widowed, Divorced Widowe	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hou
10A. USTAL OCCUPATION (Give kind of work with a during most of profit of life with it free with	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT PLOVE SOLVES
DISEASE OR CONDITION DIRECTLY	of DEATH INTERVAL PETWEI ONSET AND DEA
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED ACUIT.	e alcoholism
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bilds.	, in or 21C. WHERE DID (If in Baltimore City, give exact location)
2 210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCUR OF INJURY May 13. 1950 8.30pm. WHILE AT NOT WHILE AT WORK	
22. I certify that I took charge of the remains described	
and death in my opinion resulted from: natural caus	Inquiry, find that said deceased died on the day stated aboves \square , accident \square , suicide \square , homicide \square , undetermined \square .
	M.D. MEDICAL EXAMINER. 23c. DATE SIGNED M.D. MEDICAL INVESTIGATOR MEDICAL EXAMINER. 23c. DATE SIGNED MEDICAL INVESTIGATOR MEDICAL INVESTIGATOR MEDICAL EXAMINER. 23c. DATE SIGNED MEDICAL INVESTIGATOR
TOOK REMOVAL (Specify) ALAY VIVA CE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
DATE RECEIVED BY REGISTRATE SIGNATURE WILLIAMS	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
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50 4466	BALTIMORE CITY HE CERTIFICATI		Registered N	lo.
1. NAME OF DECEASED (Type or Print) GORDON C	LARK STANBRO		2. DATE OF May	16, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	(6)4	4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospit HOSPITAL OR US Marine Ho INSTITUTION Pk. Drive & 31s	spital location)		outside corporate limit	s, write RURAL and give
c. Length of stay in Baltimore	? Yrs. Mos. Days	D. STREET ADDRESS (If 28 19 Al	rural, give location)	1 1
5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9/7/98	9. AGE (In years) if	
10A. USUAL OCCUPATION (Giveklado) work done doring most of working life, even if retired uard	Baltimore City Jail	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Warren Stanbro		14. MOTHER'S MAIDEN NA Mabel Mc Duff		
15. WAS DECEASED EVER IN U.S. ARME (Yes, no or nnknown) (If yes, give war or date Yes WW I	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Records- US Me		DDRESS 1, Balto, Md.
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which	DIRECTLY ATH Hodg of dying, e.g., (A)	OF DEATH kin's disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. UNDERLYING CONDITION L. OTHER SIGNIFICANT COND	(B) IF ANY, GIVING STATING THE DUE TO			
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e	o or 21c. WHERE DID (I	f in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year OF INJURY) (Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
deceased alive of May 16	tended the deceased from	red at 12:45Am., from th	y 16, 1950 ie causes and on th	, that I last saw the e date stated above
D.W. Patrick, Medic 24A. SURIAL CREMA: 24B. DATE TION DEMOVAL (Specify)	al Officer in Charge	US Marine Hospita		5/16/50
DATE RECEIVED BY REGISTRAS	50 Balto.	ational 25 FUNERAL DIRECTOR	Dalh m	ADDRESS
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	50 4467 BALTIMORE CITY HEALTH	DEPARTMENT 50 4467				
	BIRTH NO. CERTIFICATE OF DEATH Registered No.					
	(Type or Print) Nelhie MAC DON	2. DATE OF MAY 15-1957	2			
	3. PLACE OF DEATH: 4-7/2 (1) 4. US	SUAL RESIDENCE (Where deceased lived, If institution; residence	_			
	A. Baltimore City, Maryland (1) Comondand A. ST B. FULL NAME OF (If not in hospital or institution, give street address or	ATE B.COUNTY before admission	on)			
	HOSPITAL OF THE MICHAEL AND MICRATION OF SUIT OF STREET	TY OR TOWN (If outside corporate limits, write RURAL and g	:IVs			
	INSTITUTION 1422 FILLINGER ST.	Ral Timore 9-05 townsh				
.	Yrs. D. ST	REET ADDRESS (If rural, give location)				
	c. Length of stay in Baltimore Mos. Daya /4	+22 FILLMORE STREET				
		TE OF BIRTH 9. AGE (in years fl Under Year fl Under 24 flu last birthday Months; Days Hours Mi	U#13			
	Femalo White Widowed Au	19.8-1883 66	832.			
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. B)	RTHPLACE (State or foreign country) 12. CITIZEN OF				
	work done during most of working life, even if retired) AT Home	LTIMORE Md. WHAT COUNTR	4 Y			
		OTHER'S MAIDEN NAME				
	ALbert Bokel Su	2				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 IN	NFORMANT ADDRESS	-			
1	(Yes, no or Doknown) (If yes, give war or dates of service) SECURITY NO.	J.W. MAC DONALD- 720 F 37 TS	T			
ď	18. And CAUSE OF D	EATH INTERVAL BETWE ONSET AND DEA	EEN			
	DISEASE OR CONDITION DIRECTLY	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	411			
	(This does not mean the mode of dying, e.g., (A) Arteriosc					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	with Cerebral Scletosis,				
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ı	Z DISEASES OR CONDITIONS, IF ANY, GIVING	1 (ULOM 60352) 0/A 0 d L2.				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	ONDERETING CONDITION EAST.					
	OTHER SIGNIFICANT CONDITIONS CON-					
	OTHER SIGNIFICANT CONDITIONS CON-	4.				
	O TO THE DISEASE OR CONDITION CAUSING IT.					
	19a, Date of Operation 19b, Major Findings of Operation		7			
		1c. WHERE DID (If in Baltimore City, give exact location)	_			
		NJURY OCCUR?				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2	1F, HOW DID INJURY OCCUR?	_			
	OF INJURY WHILE AT NOT WHILE					
	22. I hereby certify that I attended the deceased from M	1946, to May 14, 1950, that I last saw	. 2			
4		2.36 Pm., from the causes and on the date stated about	LIL			
	23A. SIGNATURE 23B. AD					
	W m. H. Kammer J. M.D. 50	of Theridan art. May 16, 193	50			
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CITION, REMOVAL (Specify)	CREMATORY AD. LOCATION (City, town, or county) (State	(e)			
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	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FI	UNERAL DIRECTOR ADDRESS	2			
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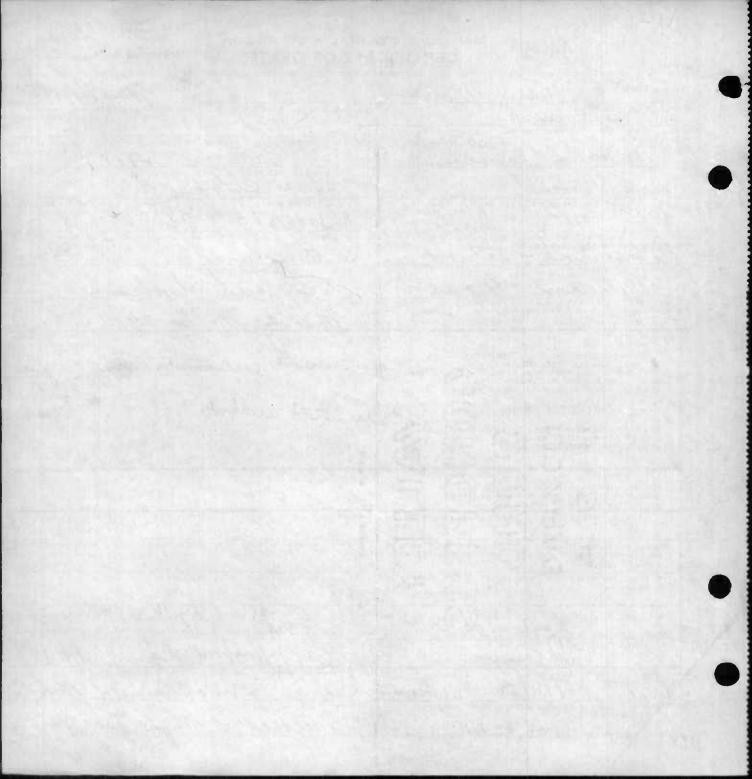
DV. KAMMEr. 906 E 37Th ST.

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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CERTIFICATE	OF DEATH Registered No.	
1. NAME OF DECEASED Mary Monk.	2. DATE OF DEATH May	16,1950
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It nsti	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	c. CITY OR TOWN (If outside corporate limits, wr	Me RURAL and give
INSTITUTION Harford Covalescent Home	Bacto 27-0	township
Yrs. Mos.	D. STREET ADDRESS (If pural, give location)	
c. Length of stay in Baltimore Days 5. SEM 6. COLOR OR RACE 7. SINGLE, MARRIED.	2934 Neway ave 8. DATE OF BIRTH 9. AGE (In years) Il Under	1 Year If Under 24 Hours
J. W. WDOWED DIVORCED (Specify)	Sept 4. 1863 last birthday) Months	Days Hours Min.
work done during most of working life, even if retired) 'INDUSTRY	1. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Monk	Elmateth anchor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war nr dates nf service) SECURITY NO.	17. INFORMANT, ADDR	ESS
no no no	Miss Cly Monks. 2934	Sylvan a
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	inclustre cardinasala desen	years
ANTECEDENT CAUSES	- + - + 1. To	2
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		v
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.		YES NO Exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from the deceased alive on 1, 1950, and that death occurr	to 5, 19\$3, to hear 16, 195, th	at I last saw the
23a. SIGNATURE Clessu M. D.	62/7 Harford Rd 23	S/16/50
24a. BURIAL, CREMA-124B. DATE TION, REMOVAL (Specify) 5/18/50 St. Janual Lenson Ke	ss. 33rd+ Charfield	Thela Pa
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Mildred J. Blight boo	g Harfry
MAY VS/1905U	9.	30



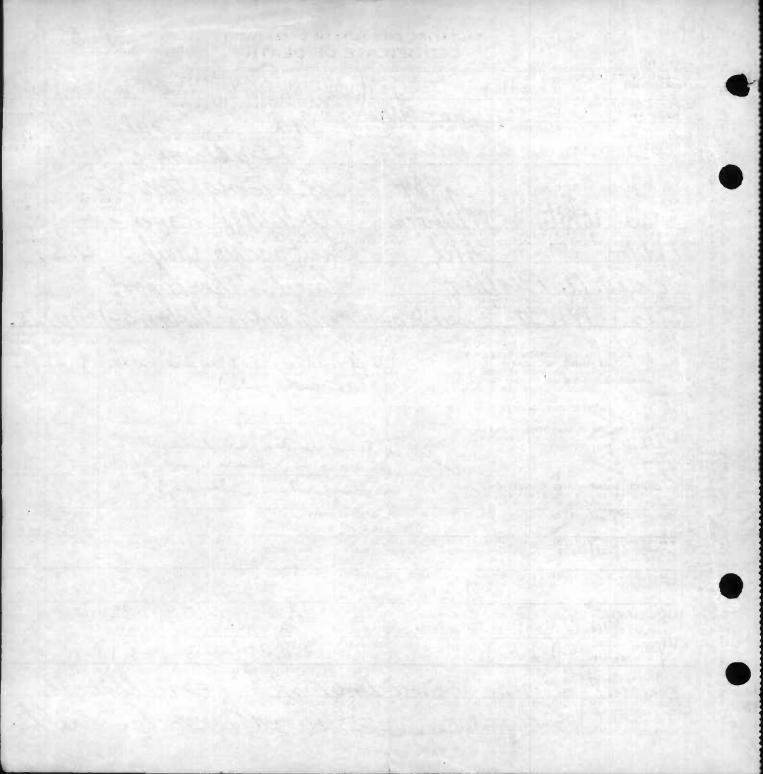
BALTIMORE CITY HEALTH DEPARTMENT

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	50 4469 BALTIMORE CITY HEALTH DEPARTMENT							
	BII	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.			
-		NAME OF DECEASED (mpe or Print)	Worthline 10%	Veill	2. DATE OF MAL	1-16-50		
		PLACE OF DEATH: Baltimore City, Maryland	abso asurgo au	4. USUAL RESIDENCE (W	here deceased lives. If insti	tution: residence hetere admission)		
1	HO	FULL NAME OF (If not in hospinspire) STITUTION	ital or institution, give street address or location)		outside corporate limits, wi	nte RIRAL and give township)		
-	1)	O cel	home	- Sal	limbre	5-13		
	c.	Length of stay in Baltimore	Lella Mos. Days	2.650 /AS	rural, give location)			
	5	6. COLOR OR RACE		8. DATE OF BIRTH	9. ASE (In years ast birthday) Months			
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	13	Shaw P 1017	oill	Calhining ()	TEMP!			
#	/5 (Yes	WAS DECEASED EVER IN U. S. ARMI	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	(D D ADDE	RESS 14		
	1	NO NO	NONE	OF DEATH	(brothers)	INTERVAL BETWEEN		
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		(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	ronary Occhu	ISIOM	5 days		
		injury or complication which ANTECEDENT CAU						
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,	CERTI	OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED					
			198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
	ICA	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. g.,		f in Baltimore City, give	exact location)		
	MED	HOMICIDE (Specify)	about home, farm, factory, etreet, office bldg.	etc.) INJURY OCCUR?				
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			m. WORK AT WORK		C. 11			
			ttended the deecased from					
		23A. SIGNATURE		23B. ADDRESS	C. 2	3c. DATE SIGNED		
	24	A. BURIAL, CREMA- 24B. DATE	M. D.	ERY OR CREMATORY 24D. LO		county) (State)		
	TIC	A. BURIAL, CREMA- 24B. DATE	10-50 Heurlashill	wellender /c	Sallima	re,		
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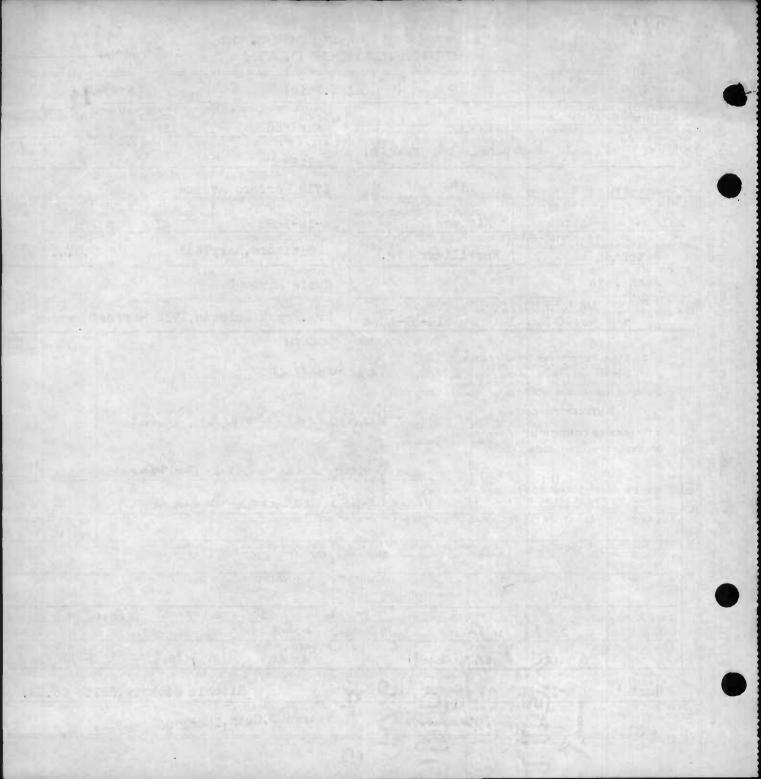
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write BUVAL and give INSTITUTION west should be further said and legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE MARRIED. 7. SINGLE 8. DATE OF H Under 1 Year 9. AGE (In years | H Under | H Under 24 Hours last birthday) | Months: Days | Hours | Min. DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of work done during ment of working life, even if retired) 11. BIRTHPLAGE (State or foreign county) OF BUSINESS OR 10B. KIND 12. CITIZEN OF INDUSTRY WHAT COUNTRY information 13. FATHER'S, NAME death 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or nnknown) (If yes, give war, or dates of service) Jo 16. SOCIAL (Yes, no or nnknown) SECURITY NO causes NTERVAL BETWEEN 18. CAUSE OF DEATH 6 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) 0 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST, 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 19A. DATE OF OPERATION WITH important. NO 218, PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially NOT WHILE May ___. 1958. that I last saw the april 22. I hereby certify that I attended the deceased from. 19 Jo and that death occurred at deceased alive on 16 May A.m., from the causes and on the date stated above. 28M SIGNATURE 23c. DATE SIGNED (alm age 24A. BURIAL, CREMA 24B. DATE correct DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS VS 150

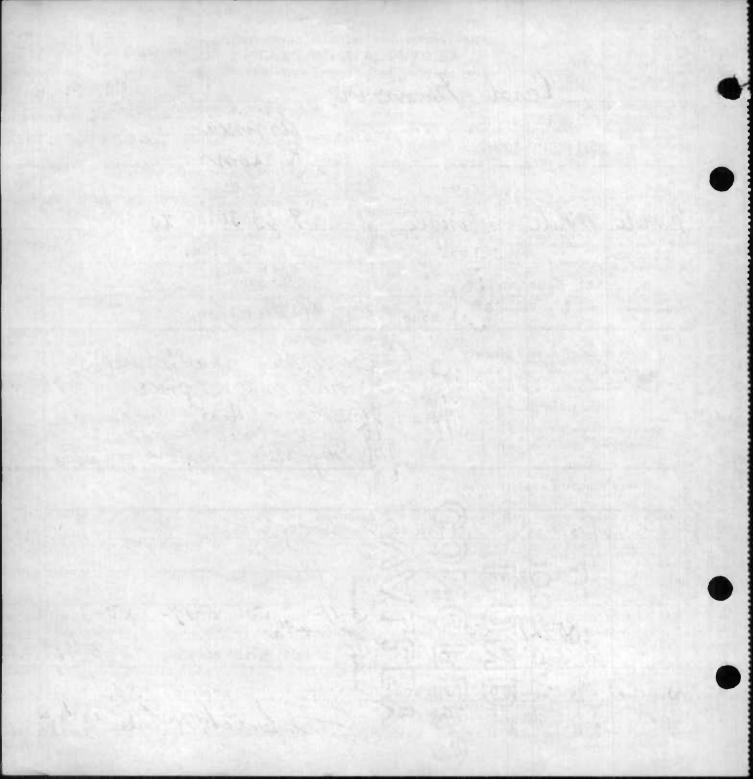


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PLEAR WRITE PI LLY, WITH UNFADING INK. Every item of information should be sefully supplied.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
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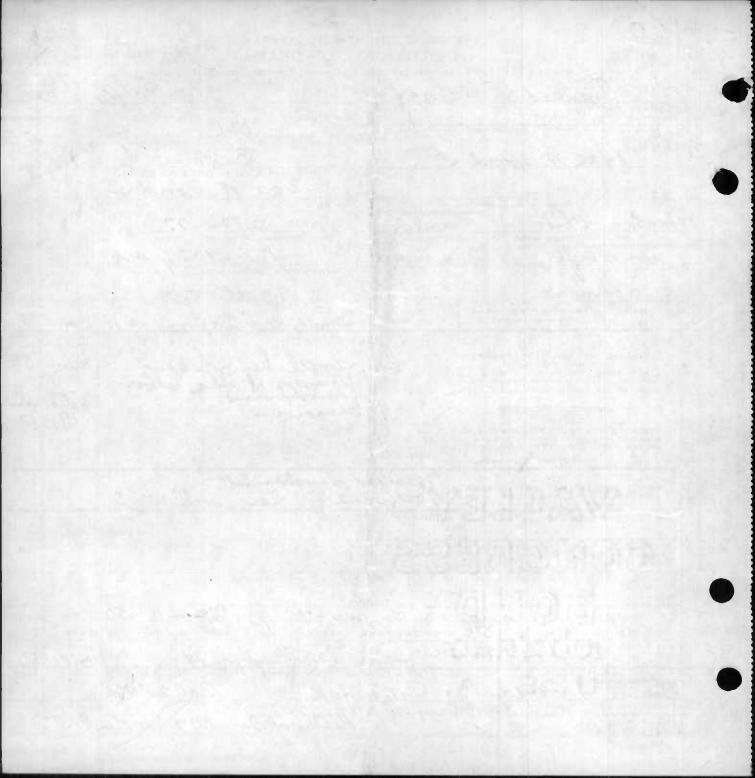
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	50 44	71	57		E OF DEAT	- 47	ered No.	
BII	RTH NO.			021(11110)(1	L OI DEAT			
1. (T ₃	NAME OF DECEA	FAID		SAM (Samue	el E.Faid)	2. DATE OF DEATH	5-17-50	
	PLACE OF DEATH Baltimore City,		1		A. STATE	ENCE (Where deceased li B. COUN	ved. If institution: residence TY before admission	
	FULL NAME OF	(If not in hospit	tal or institu	ation, give street address of	\	City		
	STITUTION S	nai No:	pital	of Balto.	C. CITT OR TOWN	(If outside corporat	te limits, write RURAL and give township	
7				Yrs.	Baltimore D. STREET ADDRE	ESS (If rural, give locat	on)	
c.	Length of stay i	n Baltimore	L:	ife Mos.		ord Avenue		
5.	SEX 6.C	OLOR OR RACE		LE. MARRIED.	8. DATE OF BIRTH			
-		hite	Wide	WED, DIVORCED (Specification)	12-12-1888	6I	y) Months Days Hours Min.	
10/ work	dooeduring most of works Watchman	ATION (Give kind of log life, even if retired)		ID OF BUSINESS OR INDUSTR	VI _	State or foreign country) Maryland	12. CITIZEN OF	
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME		
	John Faid				Katie Rayr	nond		
15. (Yes,		ER IN U.S. ARME you, give war or date orld War	e of service)	16. SOCIAL SECURITY NO. 216-09-6894	17. INFORMANT Mrs. Frank	Coleman, 1712 H	ADDRESS Harford Avenue	
	18. 778			CAUSE	OF DEATH		INTERVAL BETWEE	
		R CONDITION		Υ 0			ONSET AND DEAT	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES (B) Ruptured Bowel							
Z				(B) Ru	plured Vi	mall Borns	يا يا	
RTIFICATION	RISE TO THE A	CONDITIONS, BOVE CAUSE (A) CONDITION L	STATING "	THE DUE TO				
15				(c) Qu	na rene-	Etio. un les	kown,	
Ē	OTHER SIGN	II COND	ITIONS					
CER	TRIBUTING TO	FICANT COND THE DEATH, BUT E OR CONDITION	NOT RELA	TED PONING	al Yas cul	er Desiace	-	
	19A. DATE OF OF				RATION		20. AUTOPSY?	
V.			1 -11			176 : D.M.	YES NO	
EDICA	21A. ACCIDENT. S	suicide, pecify)	about bome	_ACE OF INJURY (e. g., e, farm, factory, street, office bldg	in or 21c. WHERE D	R? (If in Baltimore	City, give exact location)	
2	21D. TIME (Mont	h) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILL WORK AT WORK				
	22. I herehu cer	tifu that I at:				0 to 5-17-	1950 that I last saw th	
	deceased alive of		_, 19 50	, and that death occi	urred at 2 5 Am.	, from the causes and	19 50 , that I last saw th l on the date stated above	
	23A. SIGNATURE	arnett	^	ran M.D.	238. ADDRESS	Hospital	23c. DATE SIGNED	
24	A. BURIAL, CREM	A- 248. DATE		24c. NAME of CEMET	ERY OR CREMATORY	24d. LOCATION (City		
110	N. REMOVAL (Specify Burial	5-19-50		Ceder Hill Ce	metery	Ritchie Highw	way, Balto Co.Md.	
	TE RECEIVED BY			URE	George T E	ECTOR	ADDRESS	
1	7.1950	(hutter		Artifician Parliam	1 confe j.	Ruth, Inc-1735 H	iarford Ave	
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				60	1217		1220	



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HES HOPKING BOSPPTER Yrs. D. STREET ADDRESS (If rural, give location) Mos. Quality Hill c. Length of stay in Baltimore Days should be learly and le 9. AGE (in years | H Under | Year | H Under 24 Heurs | last birthday) | Months Days | Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH IOA. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or forcign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Parsons, W. Va. information s School Student 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Smith Hockman Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL PRE ROPLINS HOSPITAL ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO Jo INTERVAL BETWEEN 18. CAUSE OF DEATH Every item write the car ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION O 198. MAJOR FINDINGS OF **OPERATION** EDICAL mportan 218. PLACE OF INJURY (e/g io or | 21c. (WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that Lattended the deceased from 5-1 . 1500 that I last saw the 7. 1950 and that death occurred, at a.m., from the causes and on the date stated above. deceased alive on 230-PATE SIGNED 23A. SIGNATURE ADDRESS 24A. BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equity) 248. DATE REMOVAL (Shecify May 20.1950 Parsons Cemetery Parsons. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGN 25. FUNERAL DI CAL REGISTRAR VS 150



	160		BAL	TIMORE CITY HI	EALTH DEPARTMENT	5(4473			
В	BIRTH NO. CERTIFICATE OF DEATH Registered No.									
(1	NAME OF D	Frances	J. S.	charter		OF DEATH	6 935 m.			
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived If i	nstitution : residence before admission)			
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)		f outside corporate limits	, write RURAL and give township)			
0	0 /	422 n. /	ona	٧rs.	D. STREET ADDRESS (II	f rural, give location)	01			
		tay in Baltimore		Mos. Days	1422 M	. Bond si	<i>†</i> .			
72	sex	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	Selat 1872	last birthday) Mor	Under 1 Year H Under 24 Hours this Days Hours Min.			
wor.	k dane during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S N	AME /	4	n Home	14. MOTHER'S MAIDEN N	IAME MA	•			
	Un	Known			71	nown				
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS			
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	(This does	SE OR CONDITION LEADING TO DEA' not mean the mode of the control o	TH of dying, e.g	CAUSE	Is al hemor	hage	au//50			
	injury or	complication which	aused death.	DUE TO	in I eldine	de, bulbar	75.			
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Jane McKeown fully supplied 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland Md B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION Baltimore City Hospitals Baltimore and legibly. o. STREET ADDRESS (If rural, give location) Yrs. Mos. Baltimore City Hospitals c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) pluods Female Single information shoul 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes Records* Balto. of CAUSE OF DEATH item 18. FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Bronchopneumonia RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Chronic Bronchitis and Pulmonary 0 DISEASES OR CONDITIONS, IF ANY, GIVING Emphysema RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: 1 UNDERLYING CONDITION LAST. (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. DICA

Registered No. 2. DATE OF 5-16-50 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township! AGE (In years | H Under 1 Yeer | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 9. AGE (In years) 12. CITIZEN OF WHAT COUNTRY ADDRESS City Hospitals Eastern NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21F, HOW DID INJURY OCCUR? , 19_5. that I last saw the 12:39n. from the causes and on the date stated above. 23c. DATE SIGNED 4940 Eastern Avenue 24D. LOCATION (City, town, or county)

about home, farm, factory, street, office bldg., etc.) (Specify) HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

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21B. PLACE OF INJURY (e. g., in or

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24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, GREMA-TION REMOVAL (Specify) 24B. DATE

0 0 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21c. WHERE DID

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ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR VS 150

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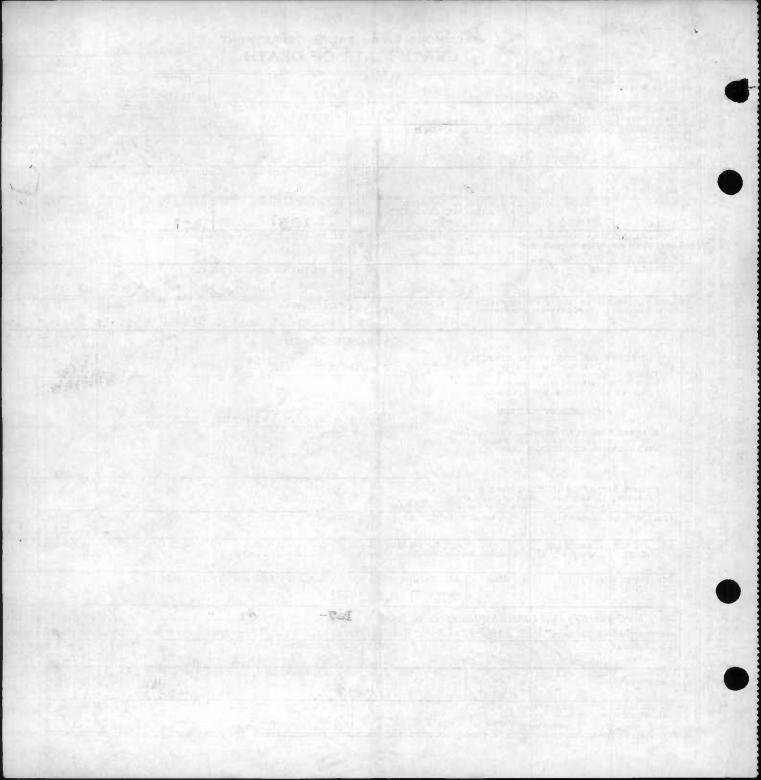
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

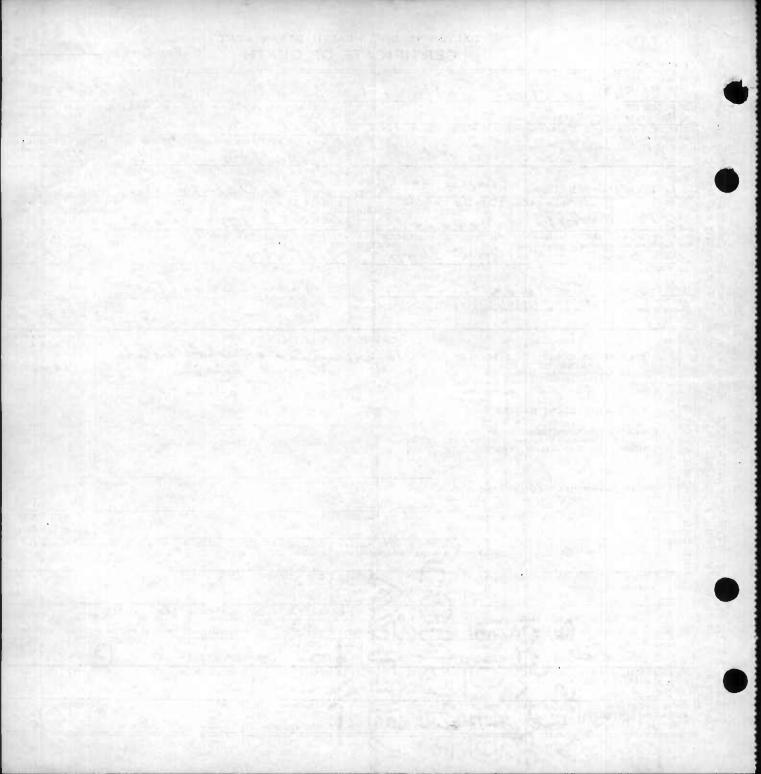
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	NAME OF DECEASED REBECCA 5	LUM	BERGI	2. DATE OF DEATH	16-50
Α.	PLACE OF DEATH: Baltimore City, Maryland 4613 Part He	eghto le	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give str	location)		outside corporate limits,	write Plikes I and vivo
IN	STITUTION Mt Levar Hon	e	Maltunor		township)
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	22. I hereby certify that I attended the deceased deceased alive on May 10, 1952, and that	110110		he causes and on the	
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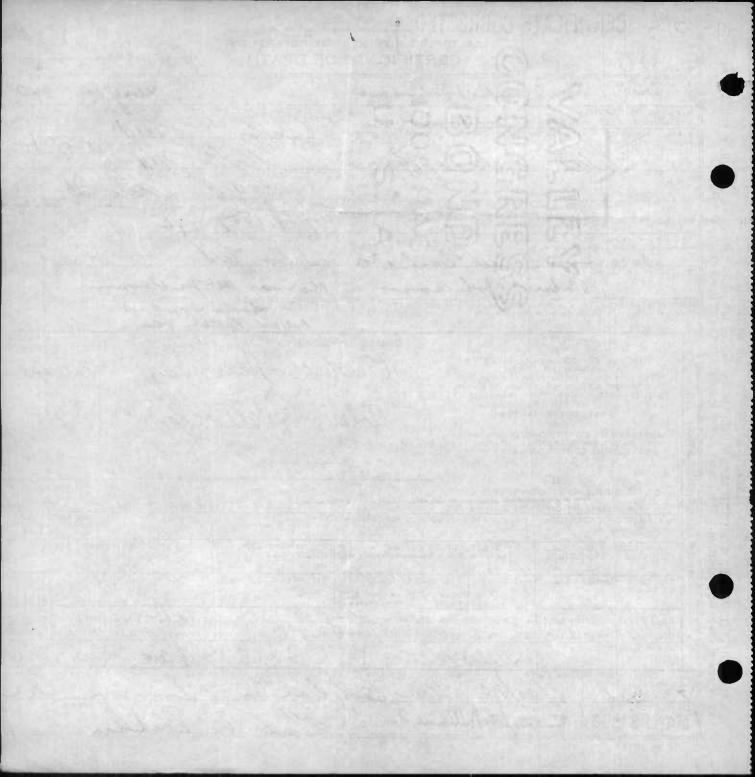
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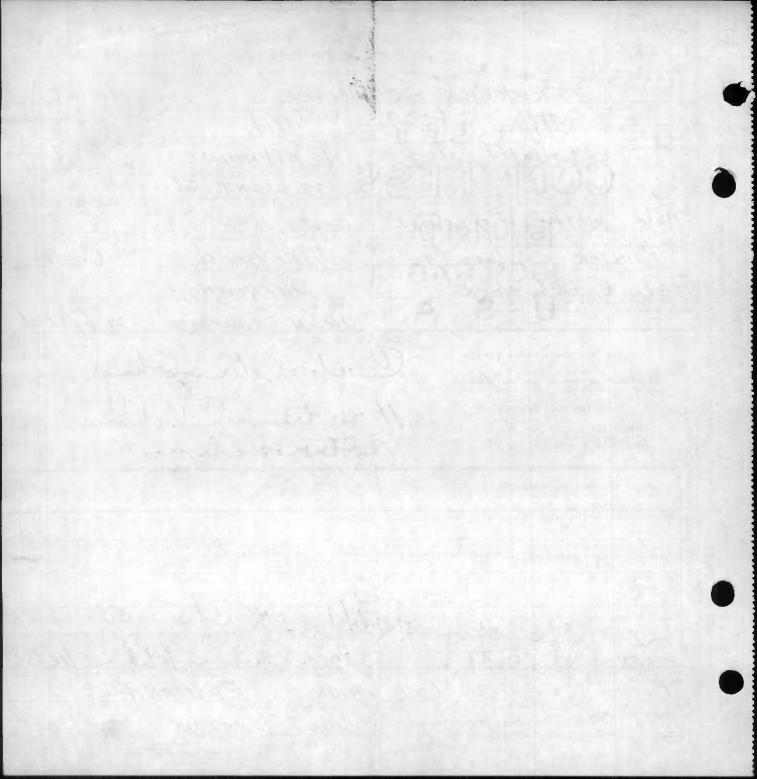
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FE		deceased al	ive on Mag 16		and that death occi		re causes and on th	e date stated above.
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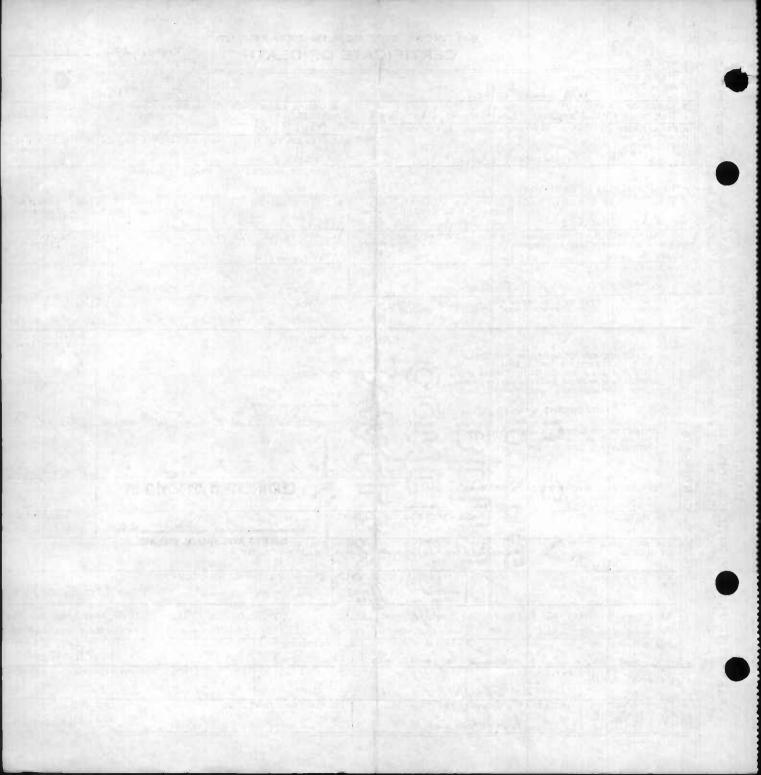
PCERTIFICATE CORRECTE BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. M institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNT before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years Af Ender I Year Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY information 13. FATHER'S NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIALY ADDRESS (Yes, no or unknown) (If yes, give war or dutes of SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADIN-Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT May 14, 1950, to May 16, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ RITE is esp deceased alive on May 16 - 1951), and that death occurred at ? P.m., from the fauses and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNA VS 150





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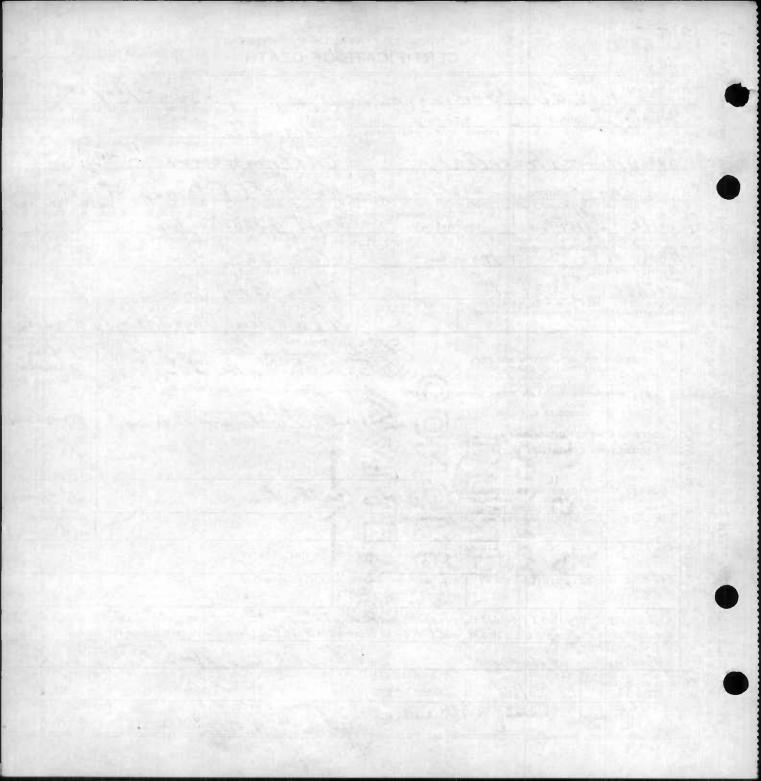
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GRISINGER BALTIMORE CITY HEALTH DEPAR DEPARTMENT CERTIFICATE OF DEATH

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(Ye	, was DECEASE , no or unknown)	D EVER IN U. S. ARM (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 01 1.1	ADDRESS
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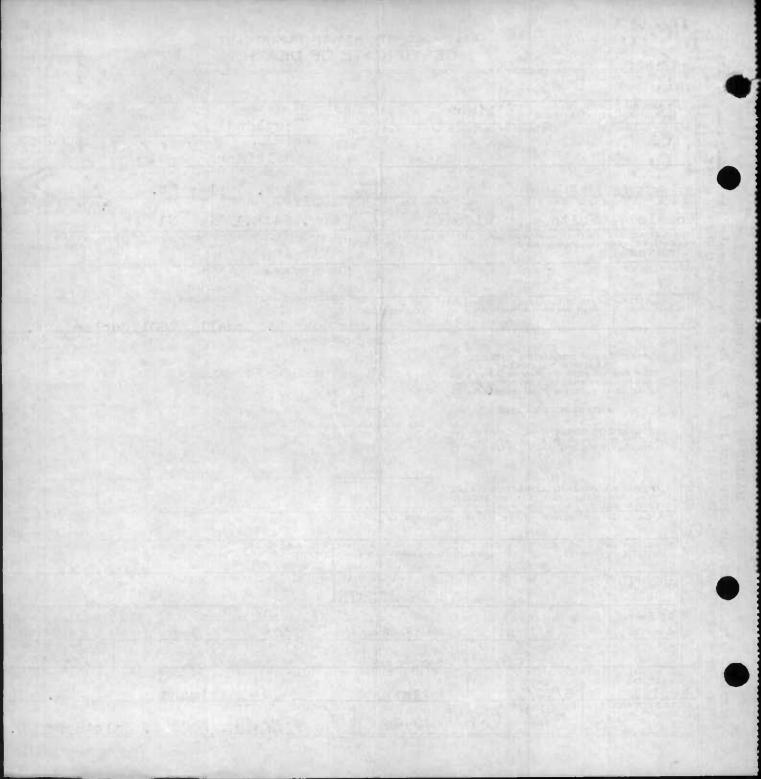


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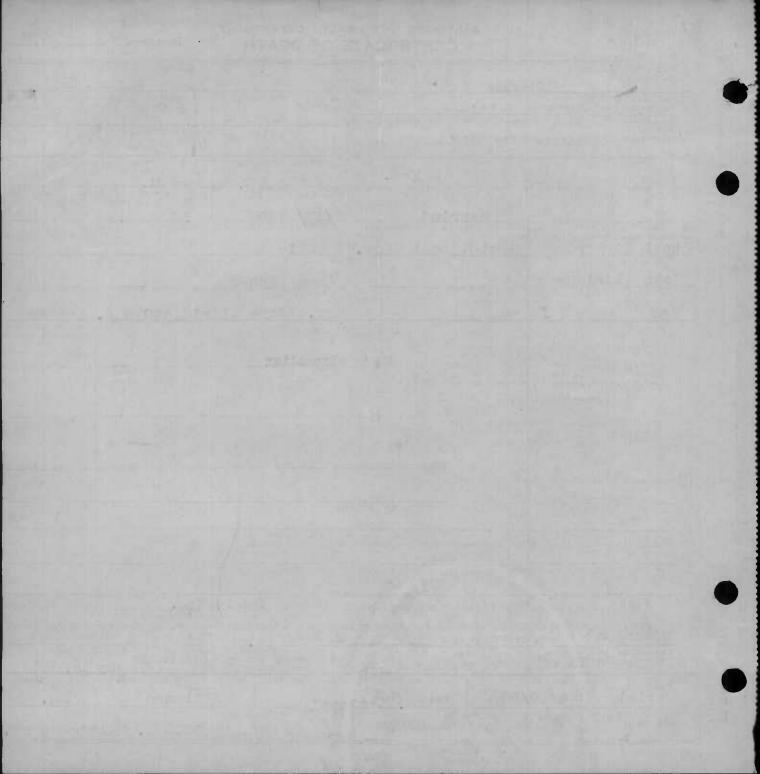
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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В.	FULL NAME		al or institut	ion, give street address or	Maryland	0.000111	belove admission;
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1	-2	Ewa	TH. 511.	ital	Baltimore		- O William D
				Yrs. Mos.	D. STREET ADDRESS (If		
1		tay in Baltimore		Yrs Days	24 N. Cur	ley St.	
	sex Smale	White	WIDON	E. MARRIED. VED. DIVORCED (Specify) OWED.	Aug. 24th.187	9. AGE (In years last birthday)	It Under 1 Year If Under 24 Hours Inours Min.
IC	A. USUAL OC	CUPATION (Give kind of	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	1	12. CITIZEN OF
I	Tousewil	(working life, even if retired)		INDUSTRY	Virgina		WHAT COUNTRY
13	FATHER'S	IAME			14. MOTHER'S MAIDEN NA	AME	
	?	Sebra			? R	ice	
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					John W. Powe	11 7601 F	Coplar Ave.
	18. 42	0.0		CAUSE	OF DEATH	THE WAR	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		11		ONGET AND DEATH
	(This does	LEADING TO DEA	TH of dying, e.:	s., (A) Coro	nay Hurre bos	1.5	54,5
	heart failu	re, asthenia, etc. It mes complication which	ins the diseas	ie,	7/1.	,	
		ANTECEDENT CAUS	SES		E Muyo cardias		
Z		ANTEGEDENT GAG.	525	(B)	Safaction	****************	
은		S OR CONDITIONS, 1 HE ABOVE CAUSE (A)			b		
X	UNDERLY	TING CONDITION LA	AST.				
FI				(c) arteur	o school it i	1 sall	
RTIFICATION	OTHER S	II SIGNIFICANT COND	ITIONS CO	м.			
CEL	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
IEDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID (Inter.) INJURY OCCUR?	f in Baltimore City,	give exact location)
Σ	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	OF INSURT		m	WHILE AT NOT WHILE			
	22 I haveh	y certify that Vatt	anded the		5/16 , 1950, to	5/16 19	that I last saw th
	deceased al				red at 500 m., from t		
	23A. SIGNAT		, 10,		3B. ADDRESS /	/ La	23c. DATE SIGNED
		26	ms.	Cassel M. D.	(huan A	85 sione	5/16/50
2.	AA. BURIAL, CON, REMOVAL (S	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
-	urial	5/20/5	0	Oaklawn	Bal	timore	Md.
D	ATE RECEIVE	D BY L DECLOTE AD	S SIGNATA	RF.	25. FUNERAL DIRECTOR		ADDRESS
	MAY 181	350 Thurston	ator /	Mianus, Alan	John 19. Mosan	3000 E. F	altimore St.
-	VS 150	the jobs	6	7 1 1 7			



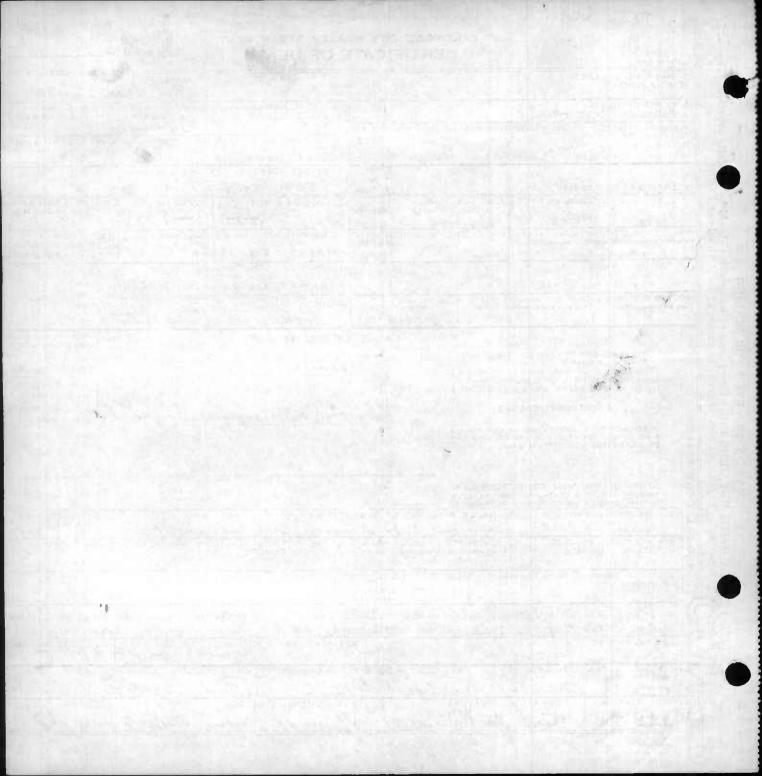
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) May 16, Charles DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence supplie A. Baltimore City, Maryland B. CDUNTY Baltimore before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF Baltimore outside corporate fimits, with tural and give HDSPITAL DR INSTITUTION Baltimore City Hospital township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Yrs. c. Length of stay in Baltimore Days Lombard St. 8. DATE OF BIRTH 9. AGE (in years If Under ! Year | It Under 24 Hours | Last birthday) Months Days Hours Min. SINGLE, MARRIED 5. SEX 6. CDLDR OR RACE It Under 24 Hours information should be WIDOWED, DIVORCED (Specify) Married 3/30/ 10A. USUAL DCCUPATION (Givekindof) 10B. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Steel Worker Beth.Steel Corp. Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Aldridge Anna Fisher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS St. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY ND YPE Idona Aldridge 4018 Lombard NTERVAL BETWEEN CAUSE OF DEATH 220 ONSET AND DEATH FOR DISEASE DR CONDITION DIRECTLY LEADING TD DEATH Acute alcoholism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN H RTI DTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Lil TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE DF DPERATION 19B. MAJOR FINDINGS DF DPERATION 20. AUTDPSY? NO X LY, WITH important. CAL 21c. WHERE DID 21B. PLACE DF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY DCCUR? ā CAUSE DF DEATH. 11 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY DCCURRED 21F. HDW DID INJURY DCCUR? OF INJURY NOT WHILE 22. I certify that I took charge of the remains described above, held an Insp. & Ing. ... thereon and from Autopsy, Inspection or Inquiry WRITE re is espe the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A. SIGNATIONE 23B. CHIEF MEDICAL EXAMINER ... ☐ 1 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER M.D MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 19/50 Baltimore Md. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Baltimore MHI 3000 E. VS 151



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	3 0 0 BALTIM	ORE CITY HE	ALTH DEPARTMENT	51	0 4484	
	4484 CE		OF DEATH	Registered No.	* * * * * * * * * * * * * * * * * * * *	
1.	NAME OF DECEASED	1 8 / /		2. DATE		
	Theophilu	s Whit	-e	DEATH Mary	17,1950	
	Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY .	itution : residence before admission	
H	FULL NAME OF (If not in hospital or institution, gi	ive street address or location)	C. CITY OR TOWN (If	75 a Lt more	wite PUPAL and a	
IN	Istitution Union Memonal Hos	Spital	Baltimore	27.	-/3 townsh	
ا		Yrs.	D. STREET ADDRESS (If r	ural, give location)		
	Length of stay in Baltimore	Mos. Days	5502 Roland			
5.	SEX 6. COLOR OR RACE 7. SINGLE. MA WIDOWED, D	OIVORCED (Specify)	8. DATE OF BIRTH 1876	, last birthday) Months	Veat Hunder 24 Ho	
10	Male White Married A. USUAL OCCUPATION (Give kind of 10B. KIND OF E		11. BIRTHPLACE (State or for	(72) 73	CITIZEN OF	
vorl	k done doring most of working life, even if retired)	INDUSTRY	North Caroli		WHAT COUNTR	
13	FINANCING OWN		14. MOTHER'S MAIDEN NA		United Sto	
	Andrew White		Harriet Elizab	eth Wilson		
15 (Ye		SOCIAL	17. INFORMANT	ADDE	RESS	
,		SECURITY NO. 1-09-8114	Hospital ,	Jecord		
	18. 601X	CAUSE	OF DEATH		INTERVAL BETWE	
	DISEASE OR CONDITION DIRECTLY					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.					
	injury or complication which caused death.) DUE TO					
7	ANTECEDENT CAUSES (B) BILateral hydroneptrosis and hydroverter					
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			at Least	
CAT	UNDERLYING CONDITION LAST.	502 10				
IFIC		(C)			***************************************	
RT	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************				
AL		DINGS OF OPERA	phrosis and hydr	a utetet	YES NO	
C	21A. ACCIDENT, SUICIDE, 21B. PLACE O	OF INJURY (e. g., in	or 21c. WHERE DID (II	in Baltimore City, give		
E	HOMICIDE (Specify) about home, farm, fac	ctory.street, office bldg., et	injury occur?			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY	NJURY OCCURRE	2 1F. HOW DID INJURY	OCCUR?		
H	m. WHILE					
0	22. I hereby certify that I attended the deced	ased from April	2 2 , 1950, to Ala	rik 17 , 1956, ti	hat I last saw	
3			red at 2:45 Am., from th	e causes and on the c		
	23A. SIGNATURE hvermber		3B. ADDRESS	I Sount. 2	5/11/50	
	4A. BURIAL, CREMA- 24B. DATE 24C. N	M. O. NAME OF CEMETER	SY OR CREMATORY 240. LC	CATION (City, town, or	county) (Stat	
TIC	Survey May 19/50 DI	mid T.	idge De	kes nillo m	ed	
DI	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR	AI	DDRESS	
N	PAY 18 1950 Huntington Willia	LILLA, MUN >	Enry 1 K XENEN	no Amolo 4	905- Vort1	
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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO. CERTIFICAT	TE OF DEATH Registered No.
(T	NAME OF DECEASED MARIETTA BORT	Z SPERRY DEATH MAY 17, 1950
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of location in the street address of lo	
	Length of stay in Baltimore 7 RS. Mos. Days	3/01 TRAILED AIR
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years of M Under I Year Months Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of k dooe during most of working life, even if retired) HOUSEWIFE	Y PENN. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	ELIZABETH LANEY
(Yes	s. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknowo) (If yes, give war or dates of service) SECURITY NO.	W.R. SPERRY
		OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Oranary Thransosio 1 hs.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	branic Myocalifis 6 mono
CATIC	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Hypertenkin 345.
ERTIFI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	DATION.
AL	O ISB. MAJOR PINDINGS OF OPE	RATION 20, AUTOPSY?
1EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office blds CAUSE OF DEATH	lo or 21C. WHERE DID (If in Baltimore City, give exact location) .,etc.) INJURY OCCUR?
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E
	22. I hereby certify that I attended the deceased from 1	1 an 21 , 1950, to May 17 14, 1950, that I last saw the
	deceased alipe on May 16, 1950, and that death occi	urred at 11. 15 A. m., from the couses and on the date stated above.
	James J. Millon Jan. o.	PIKESVILLES, ned 5/18/50
	AA. BURIAL, GREMA- 24B, DATE 24C, NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DA	ATE RECEIVED BY REPORTED R'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS AGE
LC	AAY 1 8 1950	H.W. JENKINS & SONS CO YORK PO
11-11	1111 0 1000 1	TIME ALMENDS COURS CO. TOKEK

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		correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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5	3	20 4486		BA		EALTH DEPARTMENT	5(Registered No	4486
		NAME OF D	ECEASED				2. DATE	
		no or Print)	William P.F. Lud	tke			OF DEATH 6/1	150
ly.	3.	PLACE OF D				4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
	В.	FULL NAME		al or institut	tion, give street address of			
	IN	STITUTION	•		location	C. CITT OK TOWN	outside corporate limits,	write HURAL and give township)
and legibly.		West Batt	mons gennal	Host of	ral Yrs.	Baltimore D. STREET ADDRESS (If r	rural, give location)	9/
0	4	Length of s	tay in Baltimore		Mos.			
		SEX	6. COLOR OR RACE		Days E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years HU	nder I Year Il Under 24 Hours
		male	white		VED, DIVORCED (Specify "ried	Aug. 8. 1888	fast birthday) Mon	ths Days Hours Min.
			CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
		Printer		Lit	hographing	Germany		WHAT COUNTRY!
		FATHER'S N				14. MOTHER'S MAIDEN NA	AME	
	_	August L				Amelia Frishe		
	(Yes	, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	-	, /				Mrs. Helen M.	Ludtke 3119	Belmont Ave.
		18. 4 20	, 1			OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)					udama			
		heart failu	re, asthenia, etc. It mea	ns the disea	se,	William William William Co.		Tuays
		injuly of	ANTECEDENT CAUS		n., 502 10			
	ATION	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVI STATING T	NG C	timeric attriorderate	o con Europeula	
	FIC							
Name and Address of the Owner, where	RTIF	OTHER	II SIGNIFICANT CONDI	TIONS				
	Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	FD			
	0				FINDINGS OF OPE	RATION		20. AUTOPSY?
	CAL	21. 100:-		1 21	ACE OF IN HIS /	in a long will for the	f in Baltiman City	YES NO
	EDI	HOMICIDE	(Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.		f in Baltimore City, gi	cauce meation)
	Σ	21D. TIME	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
		OF INJURY			WHILE AT NOT WHILE			
		22 1 haush	a acutifa that T	m.	deceased from	5-13 1050 10	<i>3-16</i> , 19 ,	that I last own the
			ive on 576	19 50	and that death occu	erred at 12:25? m., from th		
		23A. SIGNA	TURE			23B. ADDRESS		23c. DATE SIGNED
				Firme	м. D.	West Baldo asm	Hosp	5/16/50
		N. REMOVAL (S	peeify			ERY OR CREMATORY 2 D. LO		reounts) (State)
		Buria TE RECEIVE			Mt. Olivet	Cem. Balt		ADDRÉSS_/
		CAL REGIST		- H/11	l'access de m	Office of the state	mer Hars	(salto.
	=	MVX 181	HDUI THURLE	on / Im	Laura, M.A.	1 2 /VVI. J. S/WW		Mid-
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WRITE PL. LY, WITH UNFADING INK. Every item of information should be fully supplied. The	Physicians:
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BALTIMORE CITY HEALTH DEPARTMENT

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U 448			CERTIFICAT	E OF DEATH Registe	ered No
1. NAME OF				2. DATE	
(Type or Print	;)	CARRIE W	V. BUNNECKE	OF DEATH	May 16, 1950
	City, Maryland			4. USUAL RESIDENCE (Where deceased li A. STATE B. COUN	ved, If institution : residence
B. FULL NAM	E OF (If not in hospit	al or institut	ion, give street address or location)		No. 20
INSTITUTION		niversi	ity Pkwy.	Baltimoe (Il outside corpora)	e limits, write RURAL and giv
	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location 213 E. University Pkwy	
female	6.COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, /ED, DIVORCED (Specify) DWGd	Apr. 9, 1886 9. AGE (In ye last birthda	y) Months Days Hours Min
Nork done during mo	OCCUPATION (Give kind of out of working life, even if retired) W1fe	IOB. KIND	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME	
Charl	es W. Winter			Mary Melis	
15. WAS DECEA (Yes, no nr nnknow NO	ASED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO. NO	Mr. Theodore G. Bunnecke,	ADDRESS SITY Pky Jr. 213 E. Unive
(This do heart fa injury of the learn fa injury of the learn factor of the learn facto	EASE OR CONDITION LEADING TO DEA oes not mean the mode of the control of the cont	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN STATING TH AST.	(B)	ry artery occlusion	4 mos.
₩ TRIBUTI	SIGNIFICANT COND	NOT RELATE	ED 1541A h	ypertension.	16
I 9A. DATE	OF OPERATION		FINDINGS OF OPER		20. AUTOPSY?
HOMICIDE	DENT. SUICIDE, E (Specify)	21s. PLA about hnme, f	ACE OF INJURY (e. g., i	n nr 21c. WHERE DID (If in Baltimore etc.) INJURY OCCUR?	City, give exact location)
21b. TIME OF INJUR	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		
				• 27 , 150, to May 16 rred at 8 8 • m., from the causes and	
23A. SIGN		1900,		rred at O & m., from the causes and	on the date stated above
	WHA/1	chmi		701 N. Kenwood Ave.	5-17-50
24A. BURIAL TION, REMOVAL Burial	(Specify) 5/19/50	T	Baltimore C	em. Balto. Md.	
DATE RECEIVED LOCAL REGIS		s SIGNATU		25. FUNERAL DIRECTOR When I when I	us Vallo

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		Interest March		1468	

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Rev Levi Barnes Or Rev, Levy Barnes | DEATH 3/10/1300 3. PLACE OF DEATH: A. Baltimore City, Maryland Palto . City A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1336 N. Mount St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 34 Yre. Mos. c. Length of stay in Baltimore information should be 1336 N. Mount St Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) AGE (in years | H Under | Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) 12/24/1884 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Minister Fremont N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Barnes Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Florence Barnes I336 N.Mount St item 18. CAUSE OF DEATH 446.X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death. DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFICA MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (if in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE , 1950 to 5 -/6 22. I hereby certify that I attended the deceased from. , 195 C) that I last saw the Am., from the causes and on the date stated above. deceased alive on_ ... 19 and that death occurred at. 23A. AGNATURE 2226 24A. BURIAL, CREMA-24B, DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) I950 Mt Calvery Cem. Brooklyn A.A.CO.Md Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Elroy O. Wilson 1000 Brantly Ave

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ADDRESS

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before admission)

12. CITIZEN OF

WHAT COUNTRY

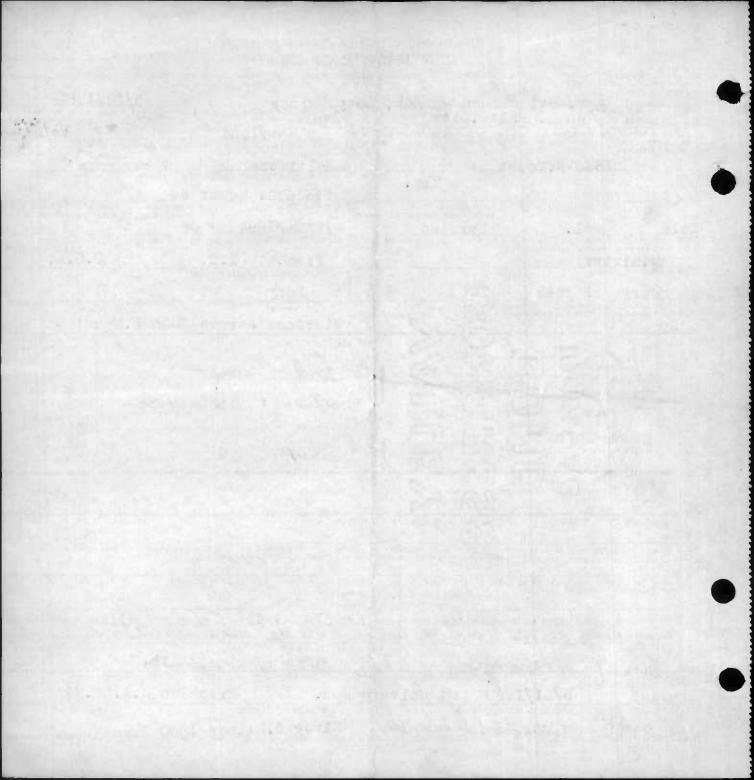
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

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before admission)

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ADDRESS

Months Days Hours Min.

12. CITIZEN OF

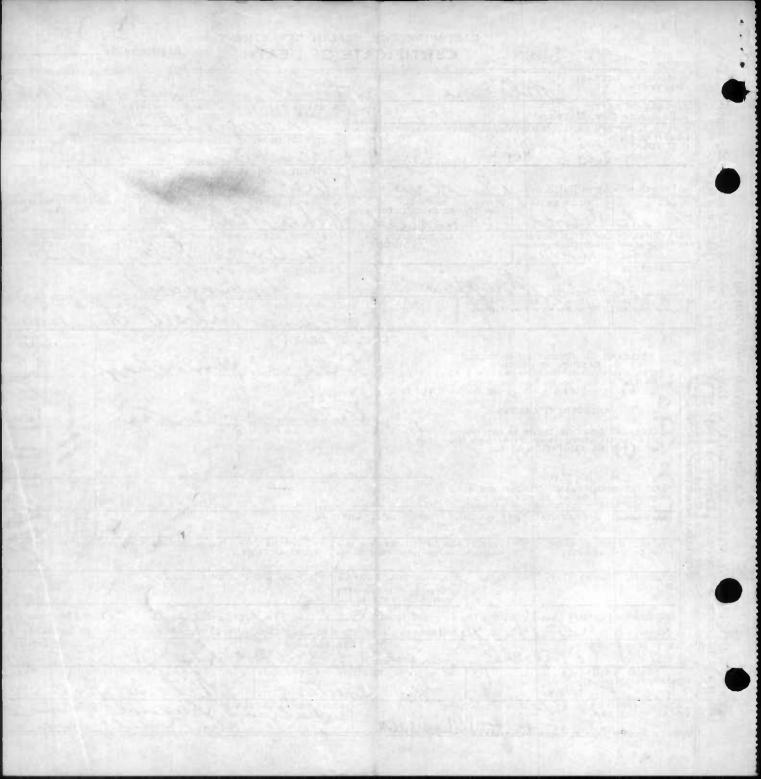
WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

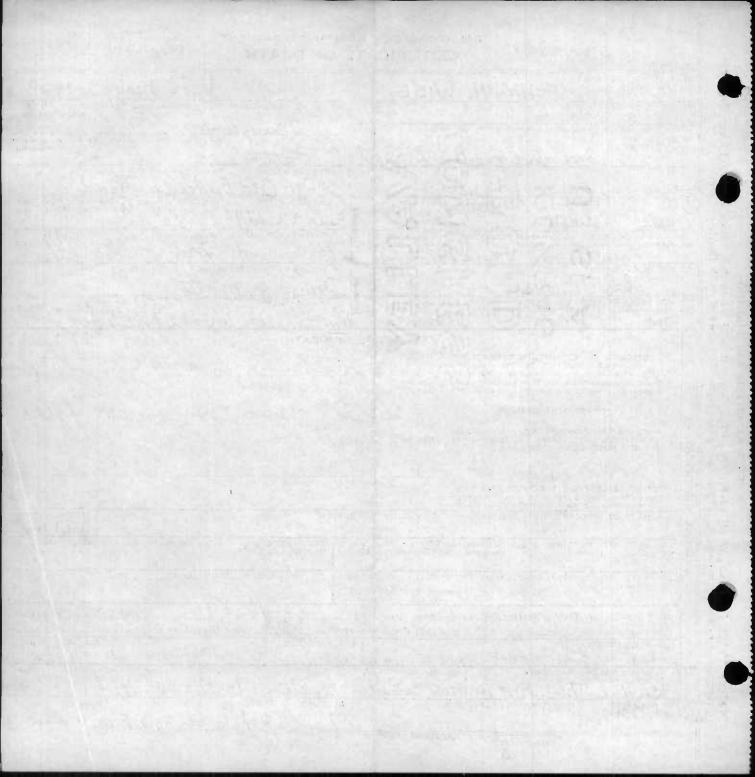
20. AUTOPSY

23c. DATE SIGNED



Registered No. 4490

BIRTH NO.	
1. NAME OF DECEASED JOHN H. WISE.	2. DATE OF May-16-1950.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, finstitution; residence
B. FULL NAME OF (If not in hospital or institution, give street addr	11. A STATE OF THE
INSTITUTION 2441- GOL 4 1 1 P	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
3771 Cra Treatuck 1 00	Yrs. D. STREET ADDRESS. (If rural, give location)
	Mos. 3441-Old Frederick Road.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	
male while married.	Petr. 22 1810. 80
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS Of work done during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tol Plan	The 5 mm +
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT RADDRESSO 20 1
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY	my Hamilton 1 Wise - 2 - maple Here
18. 42 2 CAL	SE OF DEATH INTERVAL BETWEEN
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(This does not mean the mode of dying, e.g., (A)	ty wollie I runarius 30045
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Vernius
ANTECEDENT CAUSES	relis Vasculor Mesence 44 your
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A UNDERLYING CONDITION LAST.	
C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
O TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY	(e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT. SUICIDE. 1 HOMICIDE (Specify) 21B. PLACE OF INJURY about home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT	WHILE VORK
22. I hereby certify that I attended the deceased from.	9113 , 1990, to 3/16 , 1950, that I last saw th
deceased alive on 1950 and that death	
Color W. Jolleson	3432 Melli C4 aux 23c. DATE SIGNED
	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial May-19-1950 new Cather	hal Cemetery. Baltimore - mol.
DATE RECORD BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Le Williams Will	Charles J. Mchwat, 35/2 tred K. Aue.
VS 150	935
VS 130	



50 4491

Registered No ... BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ADAM HENRY BOCKLAGE May 17, 1950. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 3725 Fait Ave. A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Life Yrs. Mos. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 3725 Fait Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years | | Under | Year | | Under 24 Hours | Ist birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify Male White Single October 26,1879 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired macheners Machinist Tack. U.S.A. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis J.H. Bocklage Margaret A. Ortt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT 212-03-7936 (Yes, no or unknown) Mrs. Frank A. Fisher 3725 Fait Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY EDIC/ 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 15:1946, to May 17 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Man 1), 1950, and that death occurred as m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED BURIAL CREMA-REMOVAL (Specify) Burial 7225 Eastern Ave Balto. Md. Oak Lawn Cemetery FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR 901 S. Conkling St.

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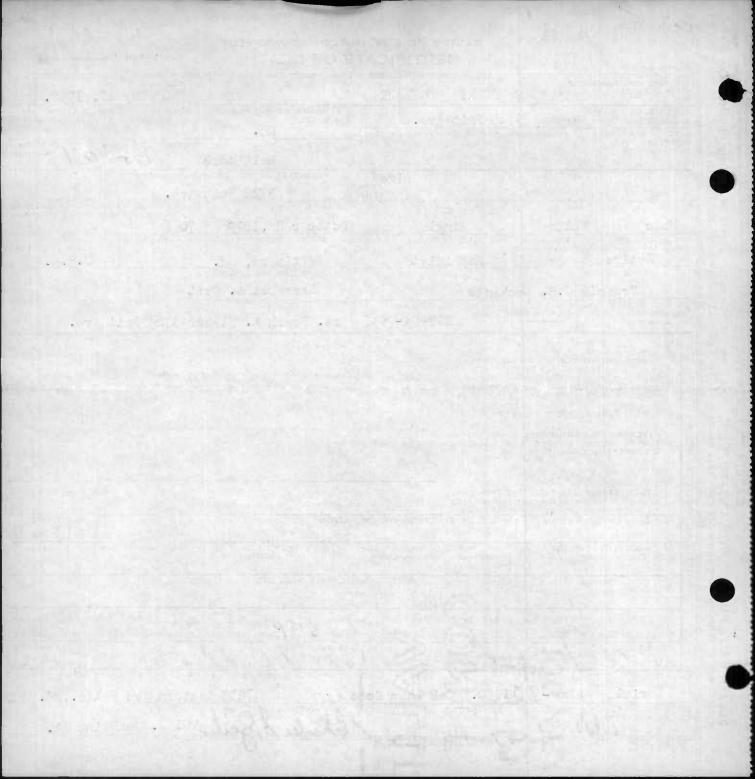
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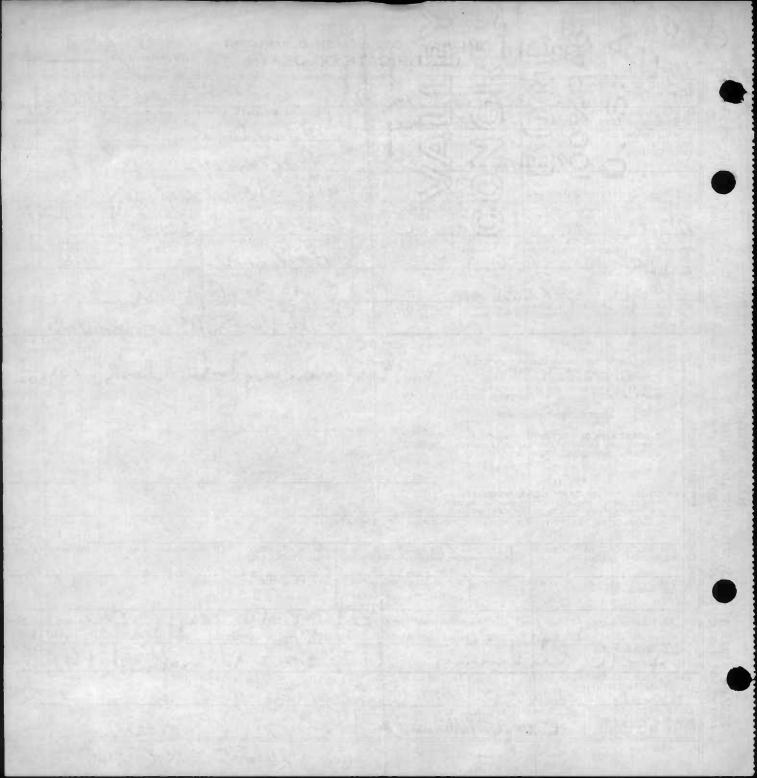
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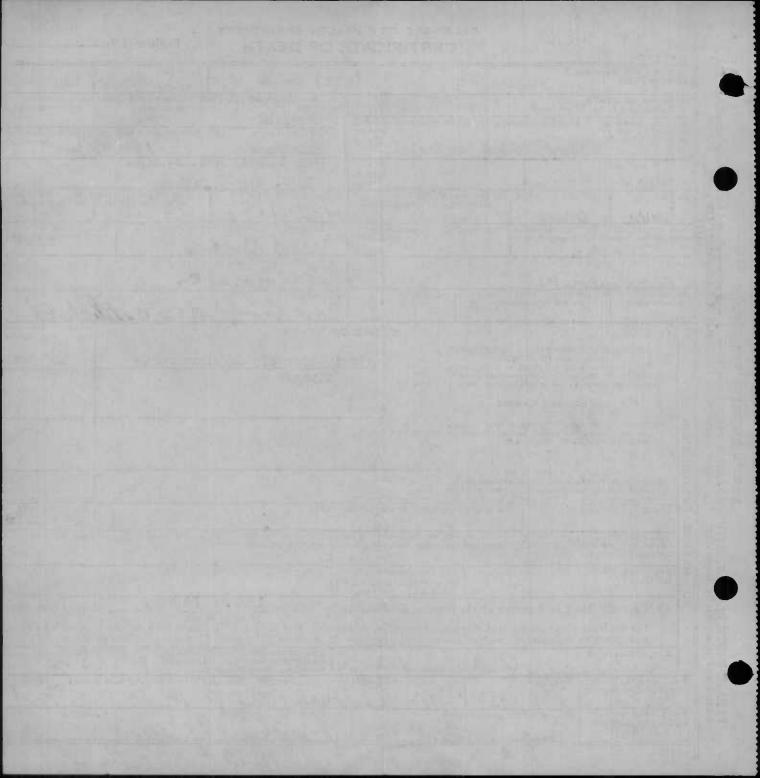
Carolin St BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township (If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE SINGLE, MARRIED AGE (In years | If Under | Year | If Under 24 Rours | last birthday) | Months | Days | Hours | Min. 8. DATE OF WIDOWED, DIVORCED (Specify married 10A. USUAL OCCUPATION (Give kind of work doos durin) most of working life, even if retired) 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? information s of death cle orle 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or unkoown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, oo or unkoown) SECURITY NO. causes of INTERVAL BETWEEN 18. CAUSE OF DEATH 007 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Every write th heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN (C) .. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL mportant. (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE TE PLA especial WORK AT WORK _, 19__, Chat I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at m., from the eauses and on the date stated above. deceased alive on 19.1 234. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 202 BÜRIAL, CREMA-24c. NAME OF CEMETERY 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY RÉGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS PBG on / Villianite, Mil VS 150



C-	2	RTH NO.	4493					DEPARTM DEATH		Regis	50 stered N		1493
哲		NAME OF DE	ECEASED WILL	IAM		(0	OOK)	CROOK	(djm)	DATE OF DEATH	May]	5, 19	950
fully supplied. y.	3. PLACE OF DEATH: A. Baltimore City, Maryland					4 address or	A. STA	rvland	NCE (Whe		l lived. If i JNTY		n : residence fore admission)
ins di	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Johns Hopkins Hospital					C. CITY	OR TOWN	(If out	side corpor	rate limits	write R	URAL and give township)	
full legibly.		Tonath of at			2	Yrs. Mos.		EET ADDRES	en Stre	al, give loc	ation)		
be nd		SEX	6.COLOR OR RACE		MARRIED ED, DIVORC	Days ED (Specify)	8. DATE			AGE (In	years If day) Mon	inder I Year ths Day	s Hours Min.
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VDING information should s of death clearly as	13	FATHER'S N		<u> </u>			14. MO	THER'S MAI	DEN NAM	E			
BINDING of inform uses of dea	15 (Ye	WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIA SECUF	L RITY NO.	17. INF	ORMANT	ald.	2 6 2	RAE	DRISS	1 64.
SESERVED FOR INK. Every item lease write the can	ATION	(This does heart failuring or DISEASES	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUS SOR CONDITIONS. HE ABOVE CAUSE (A)	of dying, e. ans the diseas caused death SES IF ANY, GIVING STATING THE	(A) e,) DUE TO		riosc dise	lerotic ease	cardio	vascul	lar	ONSE	ET AND DEATH
MARGIN F UNFADING Physicians: p	ERTIFIC	TRIBUTING	II IGNIFICANT COND	NOT RELATE	.D					••••••			
H	7		F OPERATION		FINDINGS	OF OPER						20. YES	AUTOPSY?
LY, WITH important.	EDICA	21A. EXTERN PRIMARY CAUSE OF D	NAL CAUSE WAS OR CONTRIBUTING DEATH.	21B. PLA about home,	CE OF INJU arm,factory,stre			WHERE DI		n Baltimor	re City, g	ive exact	location)
	ME	21D. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY	OCCURRING NOT WHILE	ED 21F	. HOW DID	INJURY O	CCUR?			11/1/5
PLEASE WRITE PLA		the evi	y that I took chardence obtained by ath in my opinion	rge of the	remains d	escribed a	nquiry,	find that	said dece nuicide []	ased die	d on the de \square , ur	day s	ined [].
ASE ect ag	24 TI	AA. BURIAL, CON REMOVAL (S)		950	24C. NAME C		D. ME	DICAL INVE	24b. LOCA				
PLE	AY	ATÉ RÉCEIVE CAL REGISTI 181950	BY REGISTRAR	70	IRE	ME	25. FU	ERAL DIRE	ctor 2	ande	(ax)	ADDRES	3)

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	y supplied. The	
MAKGIN KESERVED FOR BINDING	PLA LY, WITH UNFADING INK. Every item of information should be fully supplied. The	pecially important. Physicians: please write the causes of death clearly and legibly.
KESER	INK.	please
MAKGIN	UNFADING	Physicians:
	LY, WITH	important.
	PLEASE WRITE PLA	correct age is especially

AT -1	1	13			50	4.40.4
V		50 4494	BALTIMORE CITY HE	ALTH DEPARTMENT		4494
Lhe	BI	RTH NO.	CERTIFICATI	E OF DEATH	Registered No	0
		NAME OF DECEASED ype or Print) Hari	riett Potter Webster		OF May	17, 1950
supplied		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	estitution: residence before admission)
y su		FULL NAME OF (If not in hospital OSPITAL ORPINE Ridge Constitution Pine Ridge	al or institution, give street address or ivalscent Home location)	Maryland c. CITY OR TOWN (If	outside corporate limits,	
fully ly.	6	6 4703 Hampnett	Ave.	Baltimore	16	(township)
legibl	c.	Length of stay in Baltimore	Life Mos.	o. STREET ADDRESS (If a 3016 Guilford A		
information should be fully sof death clearly and legibly.		sex G.COLOR OR RACE emale White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 12, 1872	9. AGE (In years lill Monty 77 yrs	ndel l Yest Il Under 24 Hours ths Days Hours Min.
on sho		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Housewife	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Md		2. CITIZEN OF WHAT COUNTRY?
atic	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
rm		Abraham S. Potter		Modessa Jones		
of info	(Yes	. WAS DECEASED EVER IN U. S. ARMED , no or unknown) (If yes, give war or dates	of service)	17. INFORMANT Mrs.Georgia P.Bow		ford Ave.
m o		18. 442 X	CAUSE	OF DEATH		INTERVAL BETWEEN
ry item of i		DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY TH of dying, e.g., (A)	rdis - vascu	lar-reus	J
Every write th		heart failure, asthenia, etc. It mea injury or complication which c	ns the disease.	dui	ore	
		ANTECEDENT CAUS	SES			
UNFADING INK. Physicians: please	CATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
DI	F		(c)	1-1-lesentelese	***************************************	
INFA	CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATEO			
ted.	7		98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LY, WITH important.	MEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. e., in about home, farm, factory, street, office hldg., c		f in Baltimore City, gi	
i.i.	2	210, TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	D 21F. HOW DID INJURY	OCCUR?	

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22. I hereby certify that I attended the deceased from 4-10, 1950, to 5-17, 1950, that I last saw the deceased alive on 5 10, 1950, and that death occurred at 2.30Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS

36 York Court

Doudon Park Cemetery

24D. LOCATION (City, town, or county) Baltimore, Md.

May 19, 1950 Burial DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

248. DATE

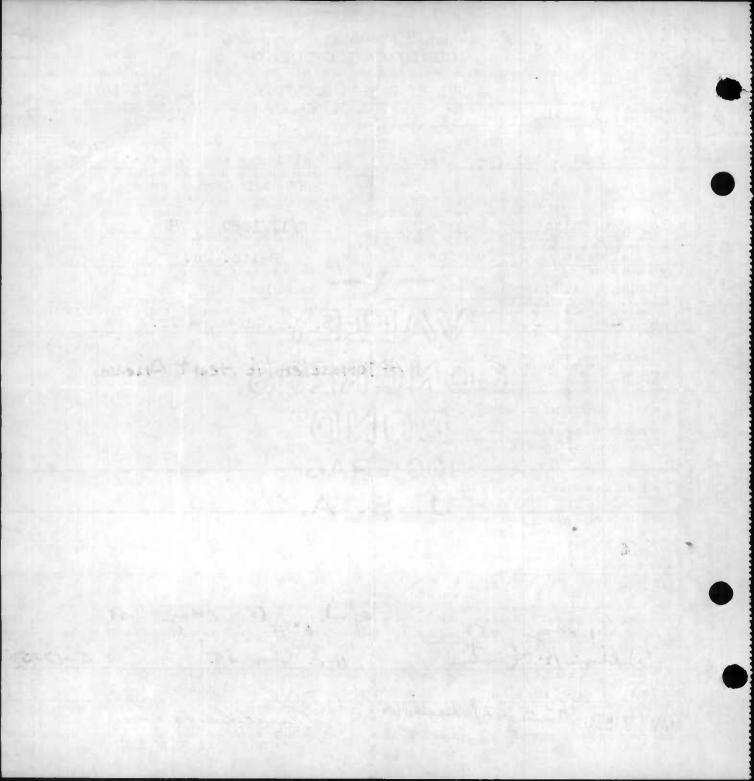
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

4510 Liberty

1950 that I last saw the

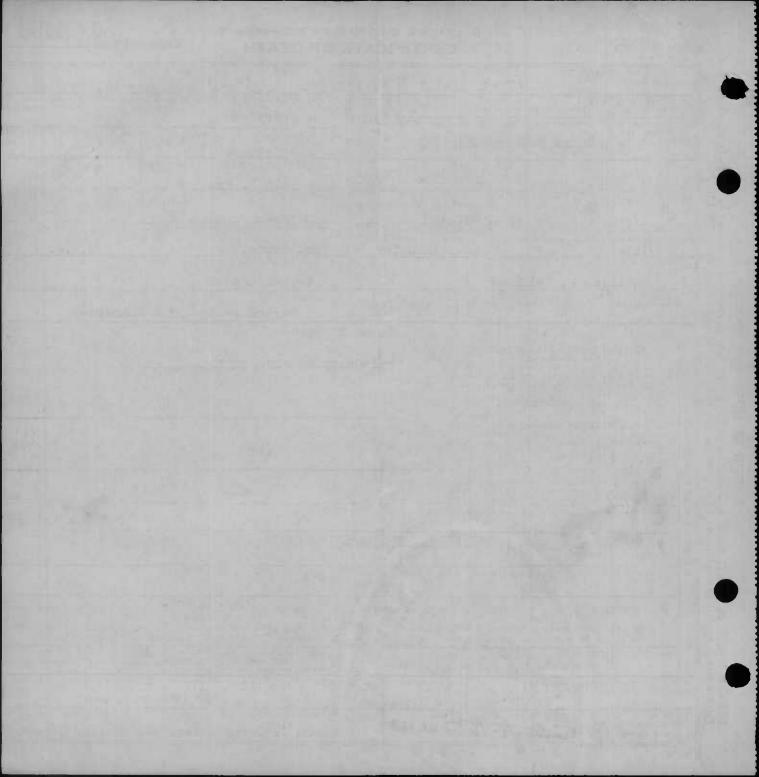
23C DATE SIGNED

THE PERSON NAMED IN COLUMN and have the state of the state of the



VS 151

DEATH May 16. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) (If outside cornorate limits, write RURAL and give (If rural, give location) 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? Bertha Decker 7411 Dunmanway NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO X (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER ... X 23c. DATE SIGNED 16. 24D. LOCATION (City, town, or county) 2930 Frederick Ave DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR John J. Cowan & son, 901 Hollins Street 8



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Registered No	1101

Ditti i	10.				
1. NAMI (Type or	e of DECEASED PHILIP	A. HANIGAN, SR.		2. DATE OF DEATH	May 17, 1950
A. Balti	E OF DEATH: more City, Maryland		4. USUAL RESIDENCE (V		If institution: residence before admission
B. FULL HOSPIT	AL OR Crowford De	al or institution, give street address or streat location)	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and give
60	0.11 001110		Baltimore	7 3	7
		Yrs. Mos.	D. STREET ADDRESS (If	rurai, give location)	
c. Leng	th of stay in Baltimore	Days	2107 Lyndhurst	Ave.	8.0.1.3.9
male	6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 15. 1873	9. AGE (In years last birthday)	ff Under 1 Year ff Under 24 Hours Min.
IOA. USI ork done du	UAL OCCUPATION (Give kind of pring most of working life, even if retired) Dressman	108. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or for Pennsylvania.		12. CITIZEN OF WHAT COUNTRY
13. FATI	HER'S NAME	немврарет	14. MOTHER'S MAIDEN N	AME	
			Catherine Moesin		
15. WAS	DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS D.C.
Yes, no or N	unknown) (If yes, give war or date	s of service) SECURITY NO. 004-01-2241A	Mr. Philip A. H	anigan, Jr.	N.W. Washington 3813-47th St
18,	420.1.	CAUSE	OF DEATH		INTERVAL BETWEEN
-	DISEASE OR CONDITION	DIRECTLY		1	S AND DEATH
(This does not mean the mode of	of dving e.g.	omany I wo	moores	
h	eart failure, asthenia, etc. It mea	ans the disease,		*****************************	***************************************
1111	ijury or complication which c	aused death.) DUE 10			\
	ANTECEDENT CAUS	ses (n)	terro Scher	m	
5 0	ISEASES OR CONDITIONS, I	FANY GIVING		***************************************	***************************************
R	ISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO	trie sclar		
0		(C)	1		
	II THER SIGNIFICANT CONDI	ITIONS CON			
il T	RIBUTING TO THE DEATH, BUT	NOT RELATED			
19A.	DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	0				YES NO
21A.	ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. g., i		If in Baltimore City	, give exact location)
HOM	IICIDE (Specify)	about home, farm, factory, street, office bidg.,	etc.) INJURY OCCUR?		
	TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	V OCCUR?	
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		m. WORK AT WORK			
22.	I hereby certify that I att	ended the deceased from	, 19, to	, 19	, that I last saw th
		19 and that death occur			the date stated above
234.	Winery	12 12 12	3033 Wyert	A	S JATE SIGNED
24A. BI	URIAL, CREMA- 248. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tov	vn, or county) (State)
TION, RE	MOVAL (Specify) 5/19/50	Loudon Park	Cem. Balt	o., Md.	
DATE R	REGISTRAR	s signature	25 FUNERAL DIRECTOR	ener 4 San	ADDRESS DALL
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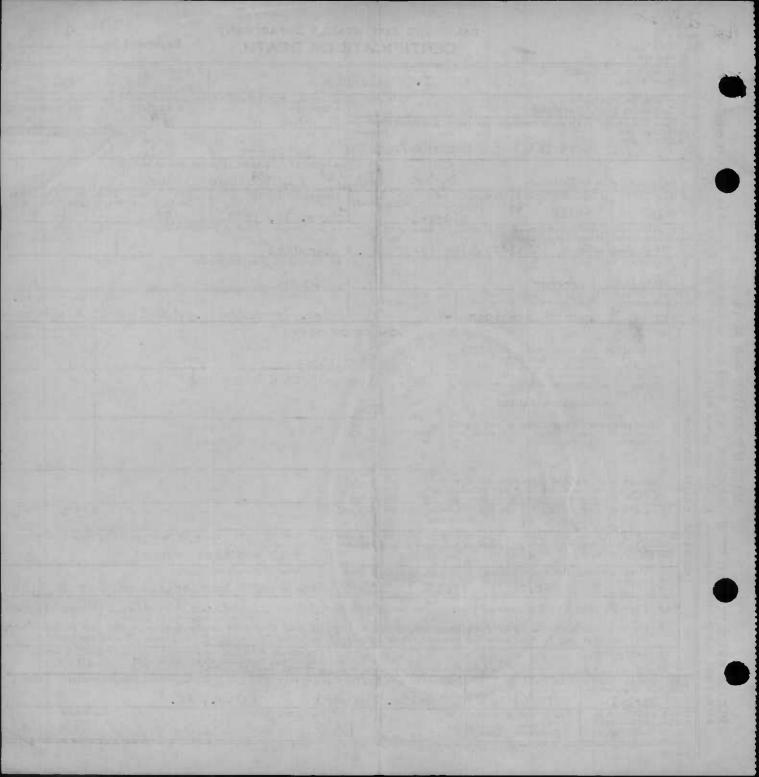
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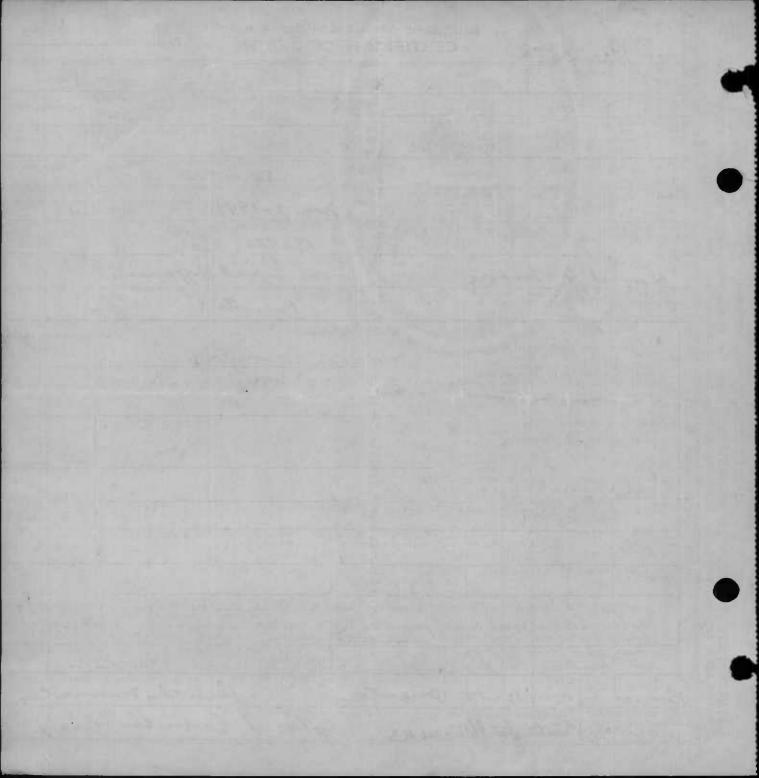
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50 Registered No... 4498

)	4498		BA			OF DEATH	NT Registere	d No.	4430
	RTH NO.								
	NAME OF DE	EDWA	.RD	Y.	LAWRE	NCE	2. DATE OF MAY DEATH	y 16,	1950
	PLACE OF DE Baltimore Ci	ity, Maryland			A	STATE	E (Where deceased lived B. COUNTY		tution: residence before admission)
	FULL NAME C	F (If not in hospit	al or institu	ition, give stree		Maryland	/Y# . 4 . 1	, ,,	
	STITUTION	Treat Delts		TT Forman		CITY OR TOWN	(If outside corporate l	imits, wr	township)
L	West Baltimore General Hospital					Baltimore	60	600	
					Yrs. Mos.		(If rural, give location)	
C.	Length of st	ay in Baltimore			Days	3612 Woodbine Avenue			
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Wildowed, Divorced (Specify)								
		UPATION (Give kind of		vidowed ID OF BUSINE	SS OR I	Apr. 14. 1860		110	CITIZEN OF
		working life, even if retired)			NDUSTRY	I. BIRTHPLACE (State	or foreign country,		WHAT COUNTRY
	Fisherme		Fish:	ing (self	Emp.)	Maryland			
13	FATHER'S N.	AME			1	4. MOTHER'S MAIDE	N NAME		
	William	Lawrence				Unknown			
15	. WAS DECEASED	DEVER IN U.S. ARMEI	FORCES?	16. SOCIAL		7. INFORMANT		ADDR	ess Ave.
(Ye	110000000000000000000000000000000000000	(If yes, give war or date		SECUR	ITY NO.	Mrs. Jeannet	to V Clobel		Woodbine
	ves	Spanish Ame	or can				29 V. DIADAI		INTERVAL BETWEEN
									ONSET AND DEATH
		E OR CONDITION							
	(This does not mean the mode of dying, e.g., (A) Asphyxiation								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
z	DISEASES OR CONDITIONS, IF ANY, GIVING								
15	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
4									
10		11		_(C)			<u></u>		
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-								
R	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
Ü	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?	
J									YES NO X
EDICAL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give e							exact location)	
ă	PRIMARY A OR CONTRIBUTING chout home, farm, factory, street, office bldg., cause of Death.					3612 Woodbine Avenue			
Σ	OF IN HIRY	Month) (Day) (Year)	` ′	21E. INJURY					
	May 16,	1950 Bet.2&	4 P m.	WHILE AT WORK	AT WORK	Hanged self	by electric	cord	from joist
	22. I certify that I took charge of the remains described above, held anInsp. & Inquiry thereon and .								creon and from
	Autopay, Inspection or Inquiry								
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undete								ay stated above
									ATE SIGNED
	X / A	0 4	10.			ASSISTANT MEDIC	AL EXAMINER 1		17-50
2/	A BUDIAL CI	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta							
TIC	ON, REMOVAL (Sp	pecify)				-		, w 11, Or CC	variety) (State)
	Burial	5/19/50			. Natio		to., Md.		
DI	ATE RECEIVED		SSIGNAT	URE	2	FUNERAL PIRECT	OR	AD	DRESS
M	AY 1 9 100	AR Thuite	ton /	Mianus	0	Wm. 1.01	waner 4 31	no V	valle) "19
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland BES ROPKINS BUSPIEL A. STATE BACOUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR (If outside corporate limits, write RURAL and give JOHNS ROPKINS HUSPITE INSTITUTION Yrs. (If pural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | Under 1981 | Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Spicify) 197. USUAL OCCUPATION (Giyékindof) 108. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF done during most of working life, even wretired) INDUSTRY WHAT COUNTRY? information s Tovermout 13. FATHER'S NAME MAIDEN NAME 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. of INTERVAL BETWEEN CAUSE OF DEATH item ONSET AND DEATH re glamonelo replirità DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ADING UNFADING Physicians: (C) ... RTIFI ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION AL LY, WITH important. EDIC/ 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 4 . 10 Q that I last saw the urred at m., from the causes and on the date stated above RITE is esp -, 1950, and that death occurred at deceased alive on 23A. SIGNATUR MODEING AME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, of county) State REMA-24B. DATE REMOVAL (Specify) DATE RECEIVED BY DIRECTOR 25. FUNERAL LOCAL REGISTRAR 2100

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